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ORIGINAL ARTICLES.

THE LOVE OF TRUTH, AND MENTAL SANITY.

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The love of truth is an inspiration sufficiently rare to justify its separate consideration as an agency of mental culture, if, indeed, it ought not to be regarded as having its basis in a moral nerve-centre of anomalous development. Its appearance in modern civilization impresses one as a phenomenon in the constellation of human virtues.

Of all the loves of the human heart and mind, the love of truth, says Plutarch, is the most delectable. In the fullness of its perfection it is comparable to those rare flowers which bloom but once in a century. But it is no exotic. While the love of truth is a rare virtue, and one of the most distinguished, it is confined to no age, race or latitude; nor is it an object of envy by the multitude, nor of covet by the pleasure-seeker. The connoisseur of art and the collector of jewels pass it by. Instead of being an object of admiration, it is oftener an object of curiosity, oftener still of dislike and persecution.

We have said the love of truth is a rare development in modern character. One frequently loves truth as it is in art, science or aesthetics; one worships it often as it is in beauty; one believes in it as it is in the Bible, the Koran, or the Zend Avesta—as it is in Moses, Mohammed, Buddha or Jesus; one accepts it without question or hesitation, as it is in the utterances of his particular Saint, or Prophet—as it is found in the precedents and institutes of law, religion, medicine, etc.; but how rarely is one to be found who welcomes the truth outside the confines of his particular bias, school or creed—as it is in nature, or as it is revealed by the clear light of the untrammelled reason! How rarely is it sought for its own sake, uninfluenced by considerations of profit or loss!

To the Greeks the love of truth was the greatest virtue; and we are told by Plutarch that in Plato's opinion "virtue was a more valuable treasure than all the riches, above the earth, or than all the mines beneath it." So noble a quality is not the possession of low-bred mortals, but rather is it a symbol of greatness. He who is endowed with it is rich, though he may have neither money nor lands. A man thus endowed may be an enthusiast, but he is never a bigot. The love of truth is a virtue that ennobles and transfigures its possessor. One is inspired by it to high aims and worthy deeds—to sacrifice self, even to martyrdom. It impels one to forego life's physical comforts, if need be—the seductive influences of the senses; the flattery of fools; the allurements of position; the vanity of pomp and renown; the ease and luxuries of affluence; the temptations of the world; the hope of heaven or the fear of hell. To such an one everything is second to the glory of the truth.

It may be reasonably doubted if the moderns have equalled the ancients in devotion to this transcendent

virtue. It is as a fire within one, inspiring to heroism. The Christian apostles and martyrs were animated by a supreme love of the truth. So also were those who carried the Crescent on their banners, to the dismay of mediæval Europe. St. Paul was evidently imbued with it, or he never could have written: "I take pleasure in infirmities, in reproaches, in necessities, in persecutions, in distresses, for Christ's sake"—the truth of Christ embodying his ideal. St. Jerome was actuated by no meaner spirit than the love of truth—it was a gratuitous service, and as laborious as it was gratuitous—in translating the Scriptures from the isolated Hebrew into the broader and more accessible Latin dialect. The labors of Bede, Wicliffe, Rogers, Tyndale, Calvin, Luther and others, in translating and diffusing a knowledge of the sacred writings, were inspired by the same high and noble virtue. It was an act of moral heroism on their part, which cost some of them their lives. Luther, in renouncing the world and becoming a monk; in renouncing the cloister and taking a wife; in fasting, prayers and self-denial; in the study of the Scriptures and the writings of the fathers; in boldly grappling with the organized errors and abuses of the Church, and bravely defying the worst despotism the world has seen, was unquestionably dominated by an enthusiasm for the truth—as he saw it. It was the love of truth that impelled Harvey to brave the envy and persecution of the "regular" profession, in giving to the world the results of his anatomical studies. It was the love of truth that enabled Boyle to disclose his views relative to the insufficiency of the method of the "regulars," and the necessity of a more simple and specific method of prescribing medicines. Nothing less potent than the love of truth inspired Hahnemann to turn his back upon the ease and pomp, power and profit of a popular medical career, and brave scorn and opprobrium, calumny and want, in defence of the law of *similia similibus curantur*. These examples of loyalty to the truth, partial though it was in many instances, are fine illustrations of moral heroism, and will give their subjects an immortal renown. As brilliant as they are, the celebrity acquired by the Greek, by his heroic love of the truth, possesses, if anything, a more enduring lustre. The early Christian went to his death for conviction's sake not without hope of recompense. His courage was strengthened by a living faith in a future life, in which rewards were proportioned to sacrifices and sufferings endured for the truth's sake—considerations which could not otherwise than have the effect to influence his conduct. The Pagans were, for the most part, without the inspiration of so comforting an assurance. They did not, as a rule, expect future reward, and were not influenced or solaced by the hope held out to the Christian; and yet, they faced death and endured torture in vindication of the truth and the rights of manhood, with the sublimest courage. It is a grand thing, even with the Christian's hope, to endure the horrors of the inquisition; to suffer being drawn and quartered, or thrown to the wild beasts; to drink liquid lead, or to sup the deadly draught; to be guillotined with sharp axe, or strangled by slow process; or more

cruel still, to be burned to death with green fagots. Nor is it any small thing to be able to endure persecution in one's social affairs, ostracism, outlawry, loss of business, privation of civil rights and political guarantees, suffer calumny and detraction, for conviction's sake. But we submit, that it is a grander thing to endure these trials and afflictions—when one must—with no hope of reward or compensation in this life or the next, save the satisfaction of being loyal to truth and duty. It is a sublime courage that enables a man to say with the atheist, Mahomet Effendi: "Although there is no recompense to be looked for, yet the love of truth constrains me to die in its defence." To such a character, the defence of the truth is an inspiration of manhood. He does not count the cost, nor weigh the consequences; nor is he in doubt as to which course to pursue, any more than is the magnet needle on its axis, or a body off its centre. Truth is his pole-star. To him obedience to truth is obedience to God—the Supreme Authority.

Let no one understand us as confining the application of this transcendent virtue to ethical or scientific truth. Its influence on character is to make a man stand fast to his colors. It is exhibited in the workman, by the love of his task for the task's sake; in the artist, by the love of art for art's sake; in the writer, by the love of composition, making him painstaking with his periods and paragraphs for their sake, like Buffon, Balzac, Bishop Butler, or Carlyle; in the professional man, by the love of his profession, inspiring him to strive for excellence in it for the sake of excellence, rather than its emoluments; in the thinker, by devotion to the ethically true, for the sole love of seeking it; in morals and religion, by the desire to be right and to do the right for the right's sake, without fear or favor from any source—the frown of priest, or the discipline of sects. The man possessed of this virtue, whatever may be his avocation or position, is not in the market with his opinions or influence; he has no price, and does not mortgage his convictions. While he may not be an agreeable companion, by reason of his inability to enjoy the petty vices that mostly compose the bond of fellowship among men, he is a square man, a man of whose position one need never be in doubt. Morally, such a man is able to say with the Pagan, Plutarch: "I will scorn to tell a lie; I will not be treacherous, or do a thing ungenerously; I will not defraud or circumvent any one. And to do this lies within the sphere of our performance, and conduces extremely to the tranquillity of the mind."*

The love of truth for the truth's sake among men is the only guarantee a nation can have of the perpetuity of civil and religious freedom. Moral and intellectual freedom has a secure foundation in the prevalence of this virtue, and civilization an open course and an easy progress. But a civilization that does not rest on this foundation, that does not blossom with this liberty, is "marred and mutilated" (Lecky), and its future a matter of no uncertainty.

But civilization aside: when one is chiefly concerned for the truth as it is in this or that school or system of religion, or philosophy, he necessarily sets limitations to that which is practically illimitable, and accepts the finite for that which is essentially infinite. That which is true in this particular of an individual, applies with equal force to society and sects. He who loves the truth as exemplified in the life and teaching of Gautama, Christ, Galen, Hahnemann, Voltaire or Spencer, does well, perhaps; but he who loves the truth as taught by all these representative characters, or at least, holds himself free to do so, does vastly better. In fact, we see not how an individual can justify his profession for a proper love of the truth who insists upon confining himself to a partial, or one-sided conception of it. Such a one prejudices all the questions presented to him, and renders a verdict when the evidence is only half in. It

is far more consistent, it seems to us, with the spirit begotten of a disinterested love of truth, to weigh the *pros* and *cons* impartially, devoid of the least anxiety respecting conclusions; keeping the mind untrammelled by interested doubt and fears; ever ready and willing to renounce preconceptions and cherished hypotheses, when an impartial examination of the evidence decides against the validity of the old and in favor of the proximate certainty of the new.

Mr. Herbert Spencer observes that, for "correct observation and correct drawing of inferences, there needs the calmness that is ready to recognize or to infer one truth as readily as another."* This unbiased intellectual condition is most essential to harmonious mental development; to the healthy training of the mental faculties and functions—to perfect sanity, in fact. And it is to us a matter of profound surprise that any one with the least pretension to broad culture, should fail to recognize the connection of the problem involved, with the province of the profession of medicine. We have no prejudice to gratify in giving free expression to our opinions respecting the evil tendency of dogmas, religious or otherwise, even though we may have inherited blood from a venerable ancestor, who endured *scorching* persecution for the sake of freedom of thought and speech, inflicted by the self-styled elect, in defence of the truth as it was in Calvin. It is because an ecclesiasticism is necessarily inconsistent with the development of a harmonious and well-trained manhood and womanhood, that we most reluctantly place ourselves in antagonism to it. Nor is the inculcation of religious dogmas alone to be reprehended. Sectarian bias in any and every direction is a bane to mental growth, and, consequently, a bar to moral culture. When one has subscribed to the exclusive dogmas of Galen, Stahl or Hahnemann in medical philosophy, one is no longer a physician with free and independent affinities, but merely a suffix to one of those men; like a mere tail-piece following a lead, as a tail to a kite, or a tender to an engine. So, likewise, when one takes "orders," and enters the priesthood, or definitively subscribes to a creed, whether composed of one article, or thirty-nine, his whole being is mortgaged, not to the truth—except by faith—but to some one's conception of the truth, and he may be unceremoniously called upon by any bigoted "ape-like creature" in the parish, presbytery, or school, to answer for his opinions. He is thenceforward to walk in leading strings, and have his intellectual food, as well as freedom, carefully measured out and masticated for him. For this cause, Prof. O. W. Holmes thinks the Christian ministry the most undesirable calling that a truth-loving man can engage in. He "will be under bonds to the amount of his salary, which means starvation if they are forfeited," he says, "to think all his days as he thought when he was settled,—unless a majority of his people change with him, or in advance of him."† Such a course is as certain to dwarf the divine genius of manhood and womanhood in one as are the shoes of the period to dwarf the natural symmetry of one's feet. A mind thus restricted in the free use of its native pabulum becomes fossilized, and, sooner or later, ceases to have any clear perceptions of the verities. He gives himself over to the symbols, rites, devices, decorations and ceremonies of his order, which consigns him to narrow-mindedness and intolerance, if not to absolute bigotry itself.

We see in the love of truth, and the instinctive, imperishable thirst for the knowledge of truth, therefore, an effective antidote against the evils of sects in medicine, as well as in ecclesiasticisms. The freedom which is born of this virtue is destined to regenerate and unite the human family in one common brotherhood—a brotherhood liberal enough to embrace individuals of any shade of opinion, the credulous saint and the skeptical philosopher, alike; with a liberality broad enough

* Psychology.

† Professor at the Breakfast Table, p. 310.

* Morals, Vol. I., p. 364.

to temper the judgment with charity toward those who may be adjudged guilty of error, as well as toward those who, under an unhappy mental bias or neurosis, have committed crime. The advance of society in this direction is slow; but no one can compare the progress of ideas since the revival of letters, without finding indubitable evidence of improvement. The agency at work in bringing about this improvement is equally clear and unmistakable. It is the same power in the 19th as it was in the 17th century. That it centered in secular philosophy then, inspired by such men as Descartes, Bacon, and Locke, there can be as little doubt as that it is wielded by their worthy descendants and patrons of secular philosophy to-day. Referring to the influence of those men and their noble *conféress* in philosophy, Mr. Lecky forcibly observes that they "destroyed the old modes of thought, not by the force of direct polemical discussion, but by introducing a method of inquiry and a standard of excellence incompatible with them. They taught men to esteem credulity discreditable, to wage an unsparring war against their prejudices, to distrust the verdicts of the past and to analyze, with cautious scrutiny, the foundation of their belief. They taught them, above all, to cultivate that love of truth for its own sake, which is, perhaps, the highest attribute of humanity; which alone can emancipate the mind from the countless influences that enthrall it, and guide the steps through the labyrinth of human systems; which shrinks from the sacrifice of no cherished doctrine, and of no ancient tie, and which recognizing in itself the reflex of the Deity, finds in itself its own reward."*

There can be no doubt that the influence of Christianity, whatever may have been its compensations, has been opposed to the development of this fine attribute—the love of truth. "Pernicious as the theological polity may be in our day," rightly says Mr. Comte, "no true philosopher will ever forget that it afforded the beneficent guardianship under which the formation and earliest development of modern societies took place. But it is equally incontestable that, for three centuries past its influence among the most advanced nations has been essentially retrograde, notwithstanding some partial exceptions. We need not go into any discussion of its doctrines in order to ascertain its powerlessness for future service, for it is plain that a polity that could not hold its ground before the natural progress of intelligence and of society, can never again serve as a basis of social order."†

Making religion inseparable from dogma, its advocates have unsparringly denounced those as enemies of the one who withheld assent from the other. Our intolerance of anything outside of Christian dogma is more strongly marked than it is toward unchristian precept. In other words, we look with more toleration on errors of morals than we do on errors of belief. We declare a well-known fact when we affirm that immorality is tolerated to a greater extent in the Christian churches than infidelity. One may be notoriously guilty of the worst vices and still maintain an average standing in the church; but if one deny the efficacy of baptism, or question the truth of the Trinity, he is summarily dropped from Christian fellowship. This unhealthy condition of the moral judgments is well nigh universal in the church. Not unfrequently evidence of the infection may be observed even among Christian scientists. Thus, we read in a sketch of the life of the eminent Dr. Thomas Bateman, whose work on "Diseases of the Skin" is still regarded a model of excellence, the following unique statement and commentary: "His character, both private and professional, is said to have been marked by strict morality and unimpeachable integrity. He has, however, been charged with dissipation and a leaning toward the doctrines of Materialism."‡

This little piece of snobbish bigotry, against the fair name of a man pre-eminent for his virtues, by a Christian author, is only equalled by the remark relative to Sweden's illustrious Protestant General and King, Gustavus Adolphus, by a Christian Pope: "A hero, a perfect man, who wanted nothing for perfection but the true faith."*

That was a long time ago, when the cause of the "true faith," under Philip II. of Spain, Richelieu of France, the Holy League in the German States, with the Pope at their head, was filling all Europe with the wildest scenes of cruelty, bloodshed, and devastation that the world has seen.

In further illustration of this unhappy phase of modern bigotry, let us instance the life of another of the world's great scientific heroes, namely, Dr. Joseph Priestley, the renowned discoverer of oxygen gas. The career of this eminent man, both as a chemist and a polemical writer on religious subjects, is too well known to be repeated here. Honored as a physical discoverer wherever science is honored, having no imputation against his moral character, and no suspicion against his perfect integrity, he was hunted down by the pious defenders of "the faith" in Protestant England as if he had been a moral monster, guilty of some heinous crime, and compelled to fly from the presence of man and seek security and peace in the wilds of an American forest. This circumstance happened nearly one hundred years ago; and while his persecution was by no means remarkable for that period, the manner in which the subject is treated by his modern eulogists is remarkable. Not long since we read a highly appreciative account of Priestley's career, by a brother chemist, who, after giving the chief points in his religious development, and relating how he "passed through many phases of religious belief, and four different sects, the Presbyterian, Arminian, Arian, and Unitarian," and declaring that this was no evidence of "mental weakness," but rather of an earnest "pursuit of the truth," had the ill grace to declare that, "it is only for us to judge of so great a man with charity!"†

The expression of such a sentiment seems to us "the unkindest cut of all;" an insult to the memory of a noble man, none the less gross for being perpetrated in words of tender regard. Surely, such souls and such lives are in no wise dependent upon us for charitable regard. It is rather our poor, weak selves who are in need of commiseration, in so far that our slavery to forms of thought makes us incapable of imitating so illustrious an example. Such a man rises through the mists of error, step by step, with unflinching faith and courage, into a realm of pure, clear light; while the votaries of dogmas and the slaves of authority plod slowly on in the thick mists below, unconscious objects of the need of Heaven's commiseration.

Such is one phase of the complacent bigotry with which our Pagan contemporaries continually reproach us, and not without justice. There is no mistaking the Christian tendency of the times, which is to sacrifice a disinterested love of the truth to idle formulas and unity of modes of thought. Its legitimate fruit is hypocrisy and insincerity. With a few honorable exceptions among us, with which our civilization abounds—and they are mostly outside of the church, we regret to say—it is too true that we are not over fond of the truth when it conflicts with our conventional usage, or

* Häusser's Period of the Reformation.

† We must not impute it to mental weakness, but rather to a pursuit of the truth that in succession he [Priestley] passed through many phases of religious belief, and four different sects—the Presbyterian, Arminian, Arian, and Unitarian—received him as a votary. This is not the occasion nor the place to explain the causes which led him to this course. It is only for us to judge of so great a man with charity. But, imbued as he was with a deep religious sentiment, and feeling that the most exalted objects of this life are not to be compared with the importance of another world, he regarded his philosophical pursuits as a very secondary affair, and gave much of his time and talent to controversial theology.—Prof. J. W. Draper.

* History of Rationalism in Europe. Vol. I. p. 390.

† Positive Philosophy, Eng. tr. p. 402.

‡ Phisic and Physicians. Vol. II. p. 106.

mental bias. It is not that we prefer falsehood from choice, but rather that our religious and secular training is inconsistent with the nurture of impartial judgments. Our peak of intellectual observation may be a commanding one, but we must needs look through glasses of a particular tint and pattern, and have the focus duly adjusted for us, so that we may all see as with one eye, and only those things which it is desirable that our guides should have us see.

Thus have our venerable teachers been religious and theological propagandists, unconscious of the evil they were causing to mental culture and to civilization. In mediæval times they invoked the whole power of the civil government to enforce the peculiar tenets of their faith, and cruelly outlawed such as persisted in differing from them. Nay, this is putting the facts too feebly; those who could not conscientiously accept the Christian dictum, relative to all matters of belief, were looked upon as the enemies of mankind, as well as of God, and were mercilessly put to the sword, or burned to death. These intolerant lovers of the truth as it was supposed to be in Christ, treated error of belief as the highest crime in the decalogue; and even as late as the 16th century it cost a man more hard cash to get absolved from the sin of heresy than it did to get absolved from the crime of murder. In 1517 there was promulgated at Herzogenbusch, Germany, a tax for all manner of sins, entitled the *taxarancellaria ecclesie Romanae*. "In Tetzel's instructions," says the learned Ludwig Häusser, "sodomy was rated at twelve ducats, sacrilege at nine, murder at seven, witchcraft at six, murder of parents, or brothers and sisters at four. From the time of Innocent VIII. you could buy immunity from purgatory, and in 1507 and 1512, Julius II. extended indulgence even to heresy.* And even now, under the rule of Protestantism, absolution from the usual moral penalty of any crime may be had by repentance and professing faith in Christ.

A falsehood in the interest of the Church was in those days a matter of less reproach than a truth in favor of a schism. Indeed, the time is not yet passed when, in the largest branch of the Christian Church, a lie in her interest is received with approbation. How many crimes are yet perpetrated against humanity in the revered name of Christ, and justified in the false belief that they are essential to the stability of his Kingdom! How many innocent souls have been damned in this world that others may be saved in the next? Answers to these questions give us the darkest pages of history.

Progress in civilization suffers by the restraint which the weights of conservatism impose on mental freedom. Every department of knowledge feels this influence as a blight, and none more so than medicine and philosophy. We have seen how a slavish adherence to authority in matters ecclesiastic has dwarfed and effeminized the minds of their votaries, and made them insensible to the claims of philosophy on their allegiance; but that which is so noteworthy as to the effects of ecclesiasticism is equally so in respect of medicine, more especially the old school, though the habits of the new school are not above censure in this regard.

We cannot enter in this place upon the details of the struggle of old school medicine to keep its prestige and to retain its power and profits. Assuming to be in the line of direct succession from the oracles of medical wisdom, it has waged a relentless and an unscrupulous warfare against every one in its ranks who had the temerity to raise his head above the common level of his class, and has resorted to all the means which a cruel and devilish cunning could devise, to prevent and punish defections from its authority, and deter individuals from presuming to dispute its supremacy, lay claims to a new discovery, or practice in accordance with a new method. The result of this policy has naturally been to create division, increase dissension,

and to multiply medical sects and schools, producing a diversity of doctrines, which is a scandal to medical science throughout the civilized world. The art of medicine of to-day is divided into a trinity of sects, with tenets, schools, and nomenclatures peculiar to each. Each of these sects or schools assumes the right to discipline its members, not for immorality or vices which they may practice or possess, be it observed; nor for ignorance of their profession, or faithlessness and incompetency in practice; but for medical heresy and for breach of the code medical, particularly such breaches of it as consulting or affiliating with an alien. The public sense has been shocked repeatedly by the spectacle of enforcing the provisions of this code, not only by the old school, but also by the new. The bitterness of the controversy between radical and conservative sects in medicine has been second only to that of the warfare between sects in religion. If medical partisans have not resorted to murder, the rack, or broken men on the wheel, in their zeal to maintain the ascendancy of their oracles, they have been restrained from such practices by no sentiment of humanity toward their opponents, but rather because they were masters of a mode of torture less barbarous and more refined, less cruel and better suited to their purpose than the means of defending their faith which the theologians have so freely resorted to. Calumny, detraction, and social ostracism, when freely used, are more potent means of defence against heresies, either medical or theological, than burning, maiming, or decapitation. And it must be conceded that these means have been used by the defenders of conservatism in medicine, without distinction of schools or sects, with a recklessness of the humanities which could only be justified in a life and death struggle, which, however, the parties to the conflict have undoubtedly believed it to be.

It is not too much to say, that if medical sects were animated with a disinterested love of truth, the distinction which now divides and sets them by the ears, would dissolve from view like evening shadows in crystal light. We would remind these medical donkeys—these obstinate devotees of symbols and shams—these blind votaries of antiquated means and methods, these hare-brained adherents of exclusive laws of cure, that it is late in the 19th century, too late, indeed, for men who love truth for its own sake, or who make any pretensions to proficiency in science, to perpetuate these differences and indulge in abusive epithets, or social and professional ostracism, in the endeavor to maintain their favorite dogmas. It is perfectly evident to any independent observer that much of medical practice is founded upon conjecture; much on the personal element—the doctor; and that what is not thus founded—the principles of the *ars medica*—are few in number and susceptible of scientific demonstration, possessing verities which no man of average intelligence is at liberty to ignore. It is a matter of regret that what is conjecture in medicine should not be universally admitted as such; and that those tenets and principles which are demonstrable in the art, should not be accepted by honest men regardless of sects or schools. Such a consummation would obliterate the distinctions of medical schools altogether, and do away with the greatest scientific scandal the world has seen—the division of medicine into a tripartite of schools—Allopathy, Homœopathy, and Eclectic.

PERFUMED CARBOLIC ACID.—Perfumed carbolic acid is prepared from carbolic acid one part, oil of lemon three parts, alcohol of thirty-six degrees one-hundredth parts mixed. This mixture, which appears to be quite stable, has only the odor of lemon, is what has been known as "Lebon's perfumed carbolic acid," the formula for which has long been kept secret, but has now been made known in the *Monteur Scientifique* of Paris. The antiseptic properties are in no way affected by the oil of lemon.—*South. Med. Record*.

* *The Period of the Reformation.* Pp. 16, 17.

NEW FACTS IN GYNÆCOLOGY.

By P. J. McCourt, M.D., NEW YORK.

Fourteen years ago, I surprised myself and others by actually curing a severe case of what we then called chronic parenchymatous metritis, recently designated by Prof. Thomas, of this city, with the approval of other gynæcologists of equal eminence, as areolar hyperplasia. While the change is a manifest improvement, this term is yet defective, and should be again corrected when pathological knowledge becomes more exact. Even partial success in the treatment of uterine diseases was then extremely rare; and it cannot be said to be of frequent occurrence now, by the barbarous and unscientific methods still in use. To criticise these methods, however, is not my intention, as it could not serve any useful purpose. Those who have employed leeches, scarifications, the cautery in its various forms, iodine (a universal favorite just now), heating cotton-balls, irritating pessaries, etc., have done what they deemed best, and are not to blame if all these measures fail to make a radical cure of one case in five hundred. Nor would I reproach those who, with equal zeal and greater credulity, have jumped to the opposite extreme—who reject all local treatment, and hope to cure their patients by remedies internally administered, which would be of equal efficacy for a broken leg, or a tight corset. And I entertain a large share of respect for the opinion of others who candidly acknowledge that these diseases cannot be cured by any means—that “they are,” in the language of one of these gentlemen, “internal, infernal, and eternal!” Every medical practitioner, and especially every gynæcologist, has done his utmost, with aim as high and noble as the heart of man can know, for the benefit of woman; to restore and sustain the health of that best, as well as most chaste and beautiful of God’s handiwork, has been his greatest pride and pleasure; and, knowing this, it is at least inconsiderate to censure such worthy effort, even when it erred.

The patient referred to brought me many others, with, for a time, but little benefit to themselves; and as the numbers multiplied I determined to seek, by persistent experiment and crucial test, a more rational *methodus medendi*. Convinced, by constant use of the intra-uterine thermometer which I had constructed for this study, that inflammation, acute, sub-acute or chronic—whether induced by changes of temperature, pressure, friction, or by irritating drugs, as iron, iodine, mercurial or alkaline preparations, etc., administered internally or applied topically—was either a leading cause, or an inseparable concomitant of nearly every variety of uterine disease, I commenced a series of experiments to ascertain what drugs, applied in the form of liquid dressings, were best adapted to combat inflammation and its effects on mucous surfaces. Rejecting all else, I at once selected, as excipient and pessary, a fine, soft, bleached sponge, which was saturated with the drug chosen for experiment, and placed in contact with the os uteri. These dressings were withdrawn and replaced at varying intervals, and the results carefully noted. Forty-two drugs, the best indicated by authorities for the purpose, were thus tested, with but negative results. The forty-third drug selected was *tinct. sanguinaria can.*, (on account of its reputed efficacy in nasal polypi), very strong, and made by my own hand from the green root. This proved to be one of the objects of my search; and in its own field, which was easily defined, it has rarely disappointed me. Since then, I have studied in this manner the effects of many drugs, but found few of equal value. Employing it immediately in nearly all of the cases previously treated in vain, the results were not merely gratifying, but even startling, and proved conclusively that some of our “knowledge” of uterine and cellular pathology was and still is erroneous. This question of pathology, however, I shall not at present discuss, but will restrict myself to a plain recital of facts, which all who intelligently follow me can confirm. In the meantime, I would

remind tyros in gynæcology, and dogmatists generally, that those who are best acquainted with uterine pathology will be the first to concede that they have yet much to learn. But these unsolved problems cannot longer justify me in withholding the results of my investigations from the profession, to whom they of right belong.

A sponge, properly prepared and adjusted, answers four leading indications better than any other known substance. 1. It is a perfect pessary, retaining the uterus *in situ* in every condition (except, perhaps, in complete laceration of the perineum); and, being a soft, elastic cushion, protects the organ from all shock. 2. As applied, it strengthens, while all others weaken the supra-vaginal walls; and it does not chafe the parts in contact. 3. It carries a large quantity of liquid medicine, which it yields freely to the os uteri and surrounding tissues. 4. It receives in return and bears away whatever morbid matters have been eliminated by the action of the remedy.

Sponges for this purpose must be very carefully prepared, since the raw article is scarcely less irritating than sand-paper. These are cleansed in *hydrochloric acid*, colored with *potassium permanganate*, bleached by *sodium hyposulphite*, *hydrochloric acid* and *acetic acid*, mixed, and washed in *acetic acid* number eight. This is a delicate process, which renders the sponges almost lily-white and soft as velvet; but care is necessary at every step, else they will be destroyed. In practice, one is selected of a size and shape to fit the parts accurately, charged with such medicine as the case demands, and gently but firmly placed in close contact with the os uteri, after the organ has been restored, so far as may be practicable, to its normal position.

Eight remedies are of especial value for these dressings, classed *seriatim*: *sanguinaria*, *belladonna*, *aconite*, (*rad.*) *nitric acid*, *kreasotum*, *conium*, *calendula* and *carbolic acid*. I employ them simple, compound and in different degrees of strength, to answer the ever-varying indications we meet in practice. Experience must assign to each its proper place and value. Upon a few points, however, I must be explicit. Non-specific ulceration, *per se*, requires chiefly *sanguinaria*, *calendula*, etc., while specific ulceration demands *nitric* or *carbolic acid*. But when either variety is accompanied by inflammation, even in a slight degree, or by very considerable hyperemia, no progress will be made until the three first-named drugs are applied combined, in proportions suitable to the condition. And when great tenderness of the parts exists, *calendula* should be added. When induration is present, *conium*, *calendula*, or *nitric acid* may be indispensable. Of course, we will remember that the latter drug should not come in contact with an alcoholic tincture; and it will be equally apparent that some in the list, if not applied with caution, will produce erosion, denude the parts of their mucous membrane, and spoil the case.

During a first examination, the speculum, and whatever else is requisite to a thorough exploration of the parts involved, may be employed, unless forbidden by excessive tenderness, in which case its use ought to be deferred until such condition is removed—a result generally attained by a few dressings. But, in the majority of instances, the history of the case and the educated touch will tell us all that we would learn. The constant use of the speculum is often cruel, rarely necessary, and must serve to delay the change we seek to hasten. Especially in the case of virgins, for obvious reasons, we should never employ that instrument, or otherwise dilate the vagina, unless the necessity be imperative. This manifest precaution is too often disregarded, without a shadow of justification; and sorrow is a frequent result. If, however, the passage is enlarged from any cause (and it is often due to disease alone), proper treatment will correct the condition before the point of cure is reached.

The prescribed dressing, applied as directed, may be renewed every twelve to thirty-six hours, *pro re nata*;

and the interval should be intelligently fixed in each individual case. The patient's description of the dressing at the time of removal, and a close inspection upon our part after it is washed, will tell us the exact condition of the parts, and likewise the character and degree of morbid action. If the disease be of long standing, she will tell us, in almost every instance, during successive weeks and months (and in cases of extensive adhesion, induration, or scrofulous diathesis, it may be for years), that there was matter, and at times blood upon it. We, in turn, will find it stained white, brown or black; and these stains cannot be removed by washing, even with acids, but disappear almost instantly on contact with the medicine.

The *modus operandi* may be as follows: The medicine, on leaving the sponge, enters the uterus, the adjacent tissues, and the lymphatics (tending first, and chiefly, to the point of *highest temperature*) by endosmosis. Its first effect is to subdue inflammation, then to dissolve the ulcer and separate the pus, etc., which is expelled by exosmosis. The law of capillary attraction to the interior of the uterus alone cannot explain the resultant phenomena, since, as will presently appear, the direct curative action of the remedy extends far beyond the parts acted upon.

During the treatment of various uterine diseases and displacements, but especially in that of areolar hyperplasia, chronic endometritis and endocervicitis, ulceration of the os, etc., I have found, as a rule, the flow of pus to be very copious, and at times enormous. Our pathology, as at present understood, teaches this position to be untenable; and, the position being sustained, would class the product as laudable pus. Let us see. In seven out of ten such cases, the dressings on removal will be found loaded with pus, of a most offensive odor, and so corrosive as to eat holes in the sponge, as if an incandescent iron had been thrust into it. Do these qualities belong to healthy pus? Since the use of a sponge for this purpose has not the sanction of authority (I am not aware that it has ever been employed by any other practitioner, except those who have been my pupils; and the history of medicine contains no hint of such use), it may be urged that its presence changes the character of the secretions. This is met by the fact that where disease does not exist, or when a healthy condition is restored, the sponge will not part with its medicine, and comes away, even at the end of sixty hours, nearly as clean as when placed—a feature of equal value to patient and practitioner. Both will often be surprised, on removing the dressing, to find it black as ink, perhaps fetid, and, although apparently free from pus, it may crumble to powder in the fingers. This merely shows that the medicated dressing has “found iron,” and that the mine is being worked to advantage. I regret to quarrel with pathology again; but the fact is verified by a blue reaction with potassium ferrocyanide, and by a red reaction with potassium sulphocyanide. A lady, the wife of a highly educated physician of the old school, recently discharged from my care, apparently well, has removed over twenty such dressings, jet black, corroded by iron; while more than forty have been destroyed by ulceration alone. This lady had been “fed upon iron since childhood,” to quote her own words; but her husband interdicted the poisoning process at the time of their marriage, and her last dose of the drug was taken nine years before we met. It had since remained latent, yet active in her system, sustaining inflammatory and ulcerative action. Here we see, crystallized, the ideas of those who believe, literally, in “nerves of iron” (or should they have said “lymphatics” of the metal?)—and they are few who do not.

It only remains for me to state, in general terms, the results obtained by this system, and to point out its sphere of action. As will be seen, it differs from all others in at least one important particular; it *drains* not only the parts chiefly involved, but also the entire body of *materia morbosa* which are cause or product of

disease; while they *seal up* those materials by the application of caustics, suppositories or other astringents to the os or within the cervix uteri. Hence the presence of pus has never been discovered; hence pathologists assert that it does not exist in quantity, and that a purulent discharge cannot be set up without breaking down the tissues. The latter proposition is true as applied to previous systems, but under this no such breaking down occurs. There may be a trifling loss of weight at the beginning; but, with rare exceptions, better appetite and increased strength are manifest from the starting point. And this drainage continues, free and copious, long after all apparent local disease has vanished, especially in persons of well-marked dyscrasia. The skin then loses its dark, mottled or muddy color, the face its roughness and pimples; otorrhoea, granulated eyelids, styes and colored perspiration of the axillae are materially relieved or completely removed. Even the cough and expectoration, and not infrequently the hæmoptysis of phthisis, are rapidly modified. But how can this method permanently reposit a displaced uterus? Simply by affording the only conditions which can render such a result possible; by removing causes and restoring normal tone, or that vital principle, *contractility* (a property always absent in these displacements), not only of the uterine ligaments, but also of the abdominal and vaginal walls. In amenorrhoea and chlorosis, results have been extremely gratifying; and where the catamenia were absent for years, the function has been often restored in a few weeks. The same may be said with reference to menorrhagia and dysmenorrhoea, unless the latter was of ovarian origin, when it generally proved obstinate.

Flexion, elongation, stenosis and atresia of the cervix and os, when the two last-named diseases are due to inflammation or cauterization, as a rule, yield readily, especially in young subjects; for those of advanced years we may have to resort to forcible dilatation—a very easy task when inflammation is removed. And I have not met with a local inflammation, either acute or chronic, which was not promptly subdued; while but a single case of adhesion (of twenty-five years' duration) refused to separate in the time given me. Lacerations of the cervix, of long standing, frequently heal kindly. D. H. Gregory, M.D., of Newark, Ohio, one of my pupils, reports a case similar to the last appended, with lacerated cervix added, cured, wherein union was perfectly restored without operation. Pruritus vulvæ and vaginismus are at times very persistent, and the latter is often but slightly benefited. Uterine polypi, both mucous and fibrous, have repeatedly sloughed away, with but trifling hæmorrhage. Fibroids are not benefited by this treatment, except to restrain or suppress the growth. With carcinoma I have had no experience. In medullary and epithelial cancer, all my efforts have thus far proved fruitless, beyond the point of relieving pain, and that in a degree far from satisfactory. For this terrible disease I have tested in a most thorough manner the effects of several drugs, but cannot attribute the slightest curative virtues to any of them. Even *Hydrastis can.*, so valuable in cancer of the mamma, is powerless here. But I trust and believe the day is not far distant when medical science will triumph over this, as it has over so many other maladies of equal fatality.

In the following cases I shall say nothing of internal remedies. Both ladies, having been in the best of care (that of leading members of the profession in Troy and Albany, with numerous counsel from here and elsewhere) during the entire period of their illness, received medicine from better hands than mine, but without apparent benefit.

1. May 3d, 1869.—Mrs. S., aged 35, nervo-sanguine temperament, scrofulous diathesis, sterile, sickly from childhood, and almost helpless for over seventeen years. She has had two attacks of what her medical attendants called pelvic cellulitis (pelvic peritonitis), from the first

of which her illness dates, and an abscess of the left labium majus about once every three months during the past four years. She is now anemic, sleepless, irritable, melancholy and morbidly sensitive. There is amenia, anorexia, inveterate constipation, and agonizing pain each month, with adenitis. The uterus is enlarged, retroverted, and firmly adherent; the cervix and the entire surface of the pelvic cavity are hard, dry and smooth as glass. Long-continued cauterization (often with solid potassa fusa) has resulted in atresia of the os externum. The labia pudendi are swollen, the vulvo-vaginal glands permanently enlarged, and their excretory ducts closed. Temperature under the tongue 98.2°; owing to closure of the cervix uteri (stenosis), I am unable to pass thermometer; but in Douglas's *cul-de-sac* it registers 99.3°.

The lady and her husband are informed that the most we can hope for is relief; that about three years' constant care will be necessary to attain such result; and that I decline to receive charge of the case unless promised implicit obedience during that time. To this condition they gloomily assent.

The first indication here is to subdue inflammation and induration; and the remedies, as described, are applied to that end.

May 1st, 1870.—Very little improvement to note; she is still confined to her bed. The cervical canal is partly open, and its temperature is 100.3°. Less pain accompanies the menstrual nixus. Three labial abscesses have threatened, but only one matured. The parts are not so hard, and a slight muco-purulent discharge is established.

Dec. 4th.—She is stronger, and walks or rides out daily; mental condition better; appetite fair; constipation less persistent, and sleep refreshing. The discharge has increased rapidly, becoming purely ichorous, of insufferable stench, blistering the parts and corroding the dressings. A second abscess developed after another attack of peritonitis (confined to pelvic viscera), caused by exposure. All the parts are much softer; less adhesion anteriorly and laterally. The cervix now yields to forcible dilatation, revealing a cluster of hydatids, which appears to fill the uterine cavity. These were slowly detached and completely expelled (but *only* during or after coitus) in two months.

Sept. 10th, 1871.—The discharge is now thick pus, not fetid nor corrosive, but exceeds in quantity anything I have ever witnessed. She is cheerful; appetite good; bowels regular, no pain nor adenitis attend catamenia. All adherent surfaces have parted, letting the uterus drop suddenly to the floor of the pelvis.

April 28th, 1872.—The uterus slowly ascended, and has maintained its normal position for some time. No sign of local disease remains, except the discharge, which continues at intervals, and some enlargement of the left vulvo-vaginal gland. Her memory is excellent, and she looks ten years younger. Being anxious to leave the city, she is discharged—not cured, yet strong and active.

With only four weeks' treatment since that time, now ten years, Mrs. S. has enjoyed better health than she had ever before known.

2. Dec. 8th, 1871.—Mrs. McC., aged 55, bilious-lymphatic temperament, has been confined to bed and easy chair from the birth of her last child, just twenty-seven years ago, since which time the uterus has not been reduced to its original dimensions. She complains chiefly of extreme weakness and cold, "like the chill of death," as she describes it, and for the past twelve years, since the catamenia ceased, has not for a moment felt the sensation of comfortable warmth; unable to stand without help; not much pain; no appetite, and but little sleep. The abdomen is very prominent; uterus prolapsed, sensitive to pressure, greatly enlarged (cavity five and a half inches), its walls thickened, the os retracted and hypertrophied, while the cervix is obliterated by the globular shape of the organ. No leucorrhœa; pruritus of vagina, the walls of which are relaxed, and the passage so enlarged that the entire hand is passed without

effort. The mind is unusually serene for one in her condition, but of late she is hopeless of recovery, and has made every preparation for death, even to the making of her burial clothes. Temperature under the tongue 98°; within the uterine cavity 101.4°. Clearly, we have to deal with subinvolution of the uterus and areolar hyperplasia combined.

Owing to her intolerance of cold, the dressings are applied at 99°, and in four weeks that symptom has ceased to annoy her. A moderate discharge, mostly purulent, but also containing crusts and blood, followed the first few dressings. By the end of the third week the appetite is much improved; she sleeps well, and there is no pruritus; intra-uterine temperature 99.2°. From this time forward her strength rapidly increases, and she is disturbed only by a recurrence of old, half-forgotten pains and aches which this treatment will often produce; but they subside under the induced current of the battery. On March 9th, 1872, she rode seven miles in an open wagon, over a rough country road, on a bitter cold day, with but slight suffering. A few days later she passed over the same road, driving the horse herself. The uterine enlargement is less, and a marked change in the nutrition of the organ is apparent.

July 26th.—The uterus is much smaller, less hard, and sustains considerable pressure without pain; cervix well defined, and os narrower; prolapse unchanged; the discharge, which for a time has been excessive, is now much less.

June 27th, 1873.—Since last date treatment has been very irregular, often but once in two weeks; yet her rapid progress was interrupted only by a severe attack of otitis interna. The discharge has ceased; the uterus is restored to its normal size, position and temperature; and the vagina is contracted as firmly as though she had never been a mother. For some time past the lady has been attending to household duties, often from daylight until dark. Discharged cured.

Up to this date she continues well, is constantly occupied, and has received but four prescriptions during the past nine years.

233 W. 23d St., Sept. 1, 1882.

REMARKS AND SUGGESTIONS CONCERNING HOMŒOPATHIC TRITURATIONS.

By J. EDWARDS SMITH, M.D., CLEVELAND, OHIO.

FIRST PAPER (Concluded).

LYCOPodium-SPORES.

A sample of the same *alcohol* used in the preparation of "S" and "T" being at hand, my next step was to ascertain the specific gravity of the three specimens, viz.: "S," "T" and the *alcohol*.

All of these having first been brought to the exact temperature of the surrounding air, the specific gravity of each was determined by means of a 100 grain (60° F.) glass capsule, having a long capillary neck. This instrument was made expressly for me by Prof. Wood, of this city. The weighings were determined on my delicate balance (by the same maker), which is sensible to the 1-10,000th of a grain.

Capsule volume of distilled water	
at 78° F.	99.8140 grains
Capsule volume alcohol.	81.3280 "
Capsule volume tinct. "S"	81.5010 "
Capsule volume tinct. "T"	81.6670 "

By computation, resting on the above data, we have specific gravity of the alcohol. 0.81479 "

(Corresponding to 93, 1-2 per cent. nearly.)

Specific gravity of tinct. "S"	0.81657 "
Specific gravity of tinct. "T"	0.81819 "

Arranging these three specific gravity determinations for easy reference, we have as follows:

- (1). Spec. grav. of "S." = 0.81657 grs. } "S" greater by
Spec. grav. of alcohol. = 0.81479 grs. } 0.00178 grs.
- (2). Spec. grav. of "T." = 0.81819 grs. } "T" the greater
Spec. grav. of "S" = 0.81657 grs. } by 0.00162 grs.

A simple inspection of the above figures seems to suggest:

First. That the effect of *lyc.* spores is to increase the specific gravity of the vehicle.

Second. That of the two tinctures, "S" and "T," the latter is much the strongest, and

Third. That positive advantage arises from the preliminary triturating with the emery.

While in the act of cleansing the glass capsule, through an inadvertence, I used distilled water, *vice* alcohol. A precipitation of *lyc.* immediately occurred which was at once put to a practical purpose, to wit:

Selecting two 2-fluid drachm flat sample vials, I introduced into each respectively, 1-2 fluid drachms of samples "S" and "T," adding immediately to each, 1-2 drachms of distilled water. The *lycopodium* matter was at once to a greater or less extent, thrown out of solution in both vials, the contents of each vial became cloudy. The particles thus thrown out of solution do not sink after standing quietly fifteen days; a result which might have been inferred from the specific gravity of the samples "S" and "T" as compared with distilled water.

The slightest glance, however, at these two vials demonstrates instantly that the tincture in "T" is very much stronger than that of "S."

The two samples of *lycopodium* tincture, after having been digested in alcohol for the period of time above mentioned, appear to the naked eye almost identical; they are each of a clear lemon or canary color. On shaking slightly both vials, the "T" sample seemed to be more oily and heavier than the "S."

(Note: The question here suggested itself, would it not be a good plan to determine accurately the specific gravity of all our homoeopathic tinctures?)

If it be admitted that "T" is a much stronger tincture than "S," the question arises, may not "S" gain strength by longer digestion in the alcohol? To determine this point a second specimen of "S" — "S^a" has been prepared precisely like the first, excepting that the latter has been allowed to digest in the alcohol double the time given to "S," viz.: fourteen days, after which the specific gravity was determined as follows:

Capsule vol. of distilled water at 74° F.....	99.8631 grains
Capsule vol. of tinct. "S ^a " 74° F.	81.5938 "
Specific gravity of tinct. "S ^a "...	0.81705

Comparing "S^a" with "S" and "T" we have:

- (1). Spec. g. of "S^a" = 0.81705 } "S^a" greater by
Spec. g. of "S" = 0.81657 } 0.00048.
- (2). Spec. g. of "T" = 0.81819 } "T" greater by
Spec. g. of "S^a" = 0.81705 } 0.00114.

Thus it becomes evident that "S^a" gained but little strength from the prolonged digestion in alcohol. Furthermore it is improbable that any amount of time would suffice to bring "S" to the standard of "T."

Repeating the "flat-vial" test with sample "S^a" and comparing with "S" and "T," the specific gravity test becomes at once confirmed by the eye alone.

Obviously, the spec. grav. of *lyc.* tinctures only becomes an index of strength when the spec. grav. of the alcohol is known. *Ergo*, diluting the alcohol with water would serve to increase the spec. gravity, and also to reduce its solvent properties.

It may be observed, on the other, hand that the "flat-vial" test is nothing more or less than a rough analysis by the volumetric method, and yet sufficiently determinate for the general purposes of the practitioner. In the case of *lyc.* the "standard solution" is simply pure

water, which will always serve the purpose with all tincts. prepared with strong alcohol as a solvent. It would not, I opine, require much study to adapt this vial method to the examination of nearly all our homoeopathic tinctures.

My next experiment was to triturate the spores first with alcohol before adding the sugar of milk. In order to guard against the effects of evaporation the alcohol was added in fractional portions, thus:

(W) = One-fourth ounce of *lyc.* spores triturated with two and one-fourth fluid ounces of 93, 1-3 per cent. alcohol; the alcohol was added in divided lots for three and one-half hours, finally adding two and one-fourth ounces of *sacch. lac.* Mix and again triturate.

(W^a) = "W" triturated one and one-half hours. Result: spores but little broken, and aggregated together in large "colonies."

(W^b) = "W," triturated two and one-half hours. Result: the aggregations or "colonies" become more numerous and smaller, yet the contained spores still appear to be but little injured.

(W^c) = "W," triturated three and one-half hours. Result: the spores are now observed to be getting decidedly the worse for wear under the pestle. Nevertheless there are but few spores actually broken up, the "colonies" are getting smaller, but are plainly recognized.

(W^d) = "W" triturated four and one-half hours. Result: spores about the same as in "W^c" — a plenty of whole spores to be seen, say 90 per cent.

Thus far it will be noticed that all the triturations dealt with were prepared according to the decimal scale. I therefore deemed it advisable to introduce a centesimal trituration as follows:

(B) = 10 grains *lyc.* spores } — 1st cent. trit.

+ 990 grains *sacch. lac.* } Mix and triturate.

(B^a) = "B" triturated one hour. Result: No undoubted wholly unbroken spores seen. The fracture-spores congregate in masses.

(B^b) = "B" triturated two hours. Result: Five unbroken spores discovered.

(B^c) = "B" triturated three hours. Result: Four unbroken spores seen. Also several large pieces in a clump together.

(B^d) = "B" triturated four hours. Result: Three entire spores discovered. Also several pieces easily recognized.

(B^e) = "B" triturated five hours. Result: No whole spores seen. One large piece, as large as four-fifths of a spore was discovered. Also several tolerably large pieces.

(B^f) = "B" triturated six hours. Result: No whole spores. Several tolerably large pieces noticed.

(B^g) = "B" triturated seven hours. Result: Several pieces are still to be seen, but no whole spores.

(B^h) = "B" triturated eight hours. Result: No whole spores. There were a few pieces still to be seen.

REMARKS.—Comparing "B^a" with "B^b," "B^c," and "B^d," it will be noticed that, although no whole spores were discovered in "B^a," the contrary was the case with the subsequent triturations; this apparent anomaly may possibly be reconciled when it is remembered that we are now dealing with a centesimal trituration, requiring a longer time to secure the equal diffusion of the drug throughout the mass of the trituration.

It is a rule among pharmacists, I believe, to triturate 100 grains ten times as long as they do 10 grains. Recognizing this law, the whole amount of material triturated in "B" was arranged to approximately correspond to that of the (1st dec.) "O" trituration previously mentioned.

HAND-MADE TRITURATIONS.

By the courtesy of Dr. M. J. Rhees, of Wheeling, West Virginia, I am enabled to include in this paper the examination of the following hand-made triturations of *lycopodium* (prepared by the Doctor personally) lately sent to me for study under the microscope. Believing

the details of the method pursued by Dr. Rhee to be of interest, I present them entire, to wit:

His first decimal trituration is obtained as follows (I quote from his letter by permission): "I first rubbed one grain of *lyc.* spores in a Wedgwood mortar alone three minutes; scraped it together five minutes; rubbed five minutes; scraped five minutes; rubbed two minutes; = 20 minutes. Added one grain *sacch. lac.*, and rubbed three minutes; scraped five minutes; rubbed two minutes; scraped five minutes; rubbed five minutes; scraped five minutes; = 25 minutes (total 45 minutes). Added eight grains *sacch. lac.*, and triturated three minutes; scraped six minutes; triturated six minutes; scraped five minutes; = 20 minutes. This is the 1st x trituration. Time = 65 minutes. Took out one grain, which I sent to you."

Microscopic examination:—The *lycopodium* appears in masses. My first observations over this specimen failed to show even one whole spore, which fact was at once reported to Dr. Rhee. A protracted subsequent examination, however, displayed one whole spore.

Dr. Rhee's second decimal = 1st centesimal trituration was prepared as follows (I quote again from his letter), to wit: "I now added 81 grains of *sacch. lac.* to the remaining nine in the mortar. Triturated eight minutes; scraped seven minutes; triturated eight minutes; scraped seven minutes; = 30 minutes. Total time, 1 hour and 35 minutes. This completed the 1st centesimal trituration, of which I sent you a powder."

Microscopic examination:—Two tolerably large masses of the drug seen; otherwise, it seems well distributed. My experience with this trituration was quite similar to that of the preceding, i. e., on the first examination I found not one whole spore, but on re-examination I did discover but one solitary whole spore. In this connection I beg to refer the reader to my previous experience with my own 1st centesimal trituration. I can have no reasonable doubt that if the opportunity could have been had of a thorough re-examination of "B," the finding of a whole spore or two would only have been a matter of time.

PURITY OF THE SUGAR OF MILK.

A sample of the sugar used in all my machine triturations, and also a sample of that used by Dr. Rhee in his hand-made triturations, have been subjected to incineration for the detection of inorganic matter, to wit:

200 grs. of sugar used by Dr. Rhee
gave residue = 0.020 grs.

200 grs. of sugar used by J. Ed. S.
gave residue = 0.016 grs.

Consisting of silica, alumina, lime, iron and phos. acid.

CHEMICAL ANALYSIS.

The following letter from Prof. Wood, accompanying his analysis of *lycopodium* spores, will, I believe, interest the profession. I therefore, with his permission, present it *verbatim*:

"DEAR DOCTOR: "August 27th, 1882.
"I have just finished examining the *lycopodium* spores, with results as follows:
"Total amount of spores experimented on, = 25 grains; ash, 0.5 grains.

Percentages.	Constituents.		
20.2.....	Silica	0.101	grains.
44.8.....	Alumina	0.234	"
9.8.....	Iron (ferric)....	0.049	"
5.6.....	Lime.....	0.028	"
7.1.....	Phos. acid.....	0.0355	"
1.0.....	Potash & soda....	0.005	"
	Magnesia, a trace—	not weighed.	"
11.5.....	Loss, &c.	0.0575	"
100.0		0.5000	"

"The combination of the elements is not quite clear, but probably the silica is a very fine sand, washed by the rains on to the *lycopodium* plants. I think I can detect the small grains even with my microscope. You can settle that point more satisfactorily by a thorough

examination of the untouched spores. The alumina may come in the same way.

"The lime and magnesia are undoubtedly phosphates, and the potash and soda should be carbonates, though I did not discover any carbonic acid; the quantity was so small that it probably escaped notice. The whole work might be revised, using larger quantities.

"As ever, yours truly, (Signed) N. B. WOOD."

It is interesting to note that of the eight constituents mentioned in Prof. Wood's analysis, four of them, viz., silica, lime, phos. acid and soda, were already recognized as analogues of *lycopodium*. See Hull's *Jahr.*, p. 33.

It so happened that I was present in Prof. Wood's laboratory while the reactions for phos. acid were under consideration; and on returning to my office, I at once compared the symptoms of *lycopodium* with those of phos. acid, as given in Dr. Lippe's text-book. For the convenience of the reader, I have transcribed the identical or similar symptoms in parallel columns, thus:

LYCOPODIUM.

Mind and Disposition.—Extremely indifferent; low spirited and doubts about his salvation; desponding, grieving mood.

Head.—Stupefying headache; pressing headache; sensation of scraping on external head; hair becomes gray early; baldness; hair falls out.

Eyes.—Cold feeling in eyes; inflammation of eyes.

Ears.—Over-sensitiveness of hearing; music and sounds affect ears painfully.

Face.—Swelling of nose; earthy, yellow complexion, with deep furrows; blue circles around eyes; a large ulcer on vermillion border of lip; eruptions around mouth.

Mouth and Throat.—Yellow color of teeth; toothache; gums bleed violently on being touched; gumboils; dryness of mouth and tongue without thirst; posterior part of mouth covered by tough mucus.

Stomach and Abdomen.—Nausea in pharynx and stomach; accumulation of flatulence.

Urinary Organs.—Frequent desire to urinate, with discharge of large quantities of pale urine; greasy pellicle on urine.

Sexual Organs.—Sexual desire suppressed; excessive and exhausting pollutions; bloatedness of abdomen.

Respiratory Organs.—Shortness and oppression of breathing; cough with copious purulent expectoration; cough with expectoration of blood.

Extremities.—Arms and fingers go to sleep easily; skin of hand is dry; old ulcers on lower legs, with tearing, itching, and burning at night; swelling of feet around ankles; profuse sweat of feet.

Generalities.—The whole body feels bruised.

Sleep.—Sopor.

Fever.—Chills and heat alternating; violent perspiration; clammy.

Skin.—Bloodboils (periodically); inflammation of bones with pains at night; caries and softening of bones; chilblains.

Conditions.—While at rest the debility is mostly felt, but there is also great aversion to exercise.

Prof. Wood's suggestion as to the silica will be acted upon, and with the advent of cooler weather a supplement to the preceding observations will be probably given to the readers of the TIMES.

CLEVELAND, OHIO, Sept., 1882.

PHOSPHORIC ACID.

Mind and Disposition.—Perfect indifference; low-spirited; anxiety about the future; sadness; silence.

Head.—Stupefaction in forehead; pressing, tense headache; feeling as if swollen and tender periosteum was scraped with knife; hair becomes gray early; falling off of hair.

Eyes.—Coldness in internal surface of eyes; inflammation of eyelids.

Ears.—Every sound re-echoes loudly in ears; intolerance of all sounds, especially music.

Face.—Swelling of dorsum of nose; pale, sickly complexion; lustreless, sunken eyes, surrounded by blue margins; pimples and scurfs on vermillion border of lip; lips dry, scurfy and suppurating.

Mouth and Throat.—Teeth become yellow; toothache; gums are swollen; stand off from teeth and bleed easily; painful tubercle on gums; dryness of throat (palate) without thirst; hawking of tough mucus.

Stomach and Abdomen.—Continuous nausea in throat; rumbling in intestines.

Urinary Organs.—Frequent profuse emission of watery urine; cloud forms on top of urine.

Sexual Organs.—Sexual desire suppressed; frequent involuntary, very debilitating emissions; meteoric distension of uterus.

Respiratory Organs.—Shortness of breath; cough with purulent, very offensive expectoration; cough with expectoration of dark blood.

Extremities.—Sharply marked deadness of one-half of fingers; shrivelled, dry skin of hands and fingers; ulcers on lower extremities with itching; feet swollen, sweaty.

Generalities.—Sensation as if body and limbs were bruised.

Sleep.—Great drowsiness.

Fever.—Chill and heat frequently alternating; profuse perspiration; clammy.

Skin.—Bloodboils; inflammation of bones, with burning at night; caries with smarting; swelling of bones; chilblains.

Conditions.—Most of pains are only felt during rest, and are ameliorated by motion.

HIGH POTENCY vs. COMMON SENSE.

By G. H. SIMMONS, M.D., LINCOLN, NEBRASKA.

There never was a reform without some adherents tending to the extreme. This is an axiom. When Hahnemann, by the use of *cinchona bark*, discovered the law of similars, and the small dose required to effect a cure, he soon had followers who carried his idea to an extreme, even if he did not do so himself. With the absurd and poisonous dosing of the day in which Hahnemann lived, there came up a reaction; and when his infinitesimal theory was broached, there were plenty who were ready to carry the theory to another extreme, pendulum-like. I doubt if Hahnemann ever suspected that his theory would be carried to the ridiculously absurd point to which it is to-day. This high potency theory is what teaches intelligent and liberal allopaths, to a great extent, from acknowledging the truth of the law of similars, and so long as some of the members of our school are carried away by such an absurdly high-potenzitized humbug, just so long will homœopathy be ridiculed by thoughtful and intelligent medical men, who naturally grasp the ridiculous first, and justly conclude that they do not want to associate with such believers.

This is a subject that perhaps it does but little good to argue. Arguments cannot be brought against it because there are, from the nature of the case, none to bring. The burden of the proof rests with the advocates of the theory, and they are reporting cases every day to prove it, flattering themselves that intelligent physicians believe these reports. *Apropos* of this, a copy of a medical magazine lies before me, and after reading an article by Fincke, on "Proving of Lachesis," I felt like striking out the word "Homœopathic" from my letter-head and sign.* How sane men in this age can believe such trash is beyond my comprehension. If they are spiritualists, then I see some excuse for them, but don't call it "homœopathy." Now, kind reader, note a few selections: "B. F., 49 years old took *lachesis* 71 m (F). After two hours had spasms of the jaw, so he could close his mouth only with difficulty," and several other remarkable symptoms B. F. had. 71 m of *lachesis* did this, remember. Think of it! Again, "Mrs. F. took *lachesis* 90 m (F)" [F means Fincke, of course,] "and got an abominable taste," etc. But now comes something worth reporting: "Mr. G. took M (F)" [M capitol means million, he says] "in the hollow of his hand. He felt an itching on the skin of the hand which held the vial, like from the itch. Confusion of the head," etc. Now that is something like. It was so powerful that the patient only had to hold it in his hand. Oh, shades of Hahnemann! look down in pity on us. Next the good brother experiments on a poor old maid, and I quote: "Miss S., 40 years old, took *lachesis* 2 M. (F) and noticed nothing. After five minutes she took the vial in her right hand. Immediately sensation as if one expected somebody with great joy; glimmering before the eyes; head heavy, like lead, as if it were off around below, and would fall down, lame in both arms. Inclination to vomit. Twitching at both superciliary ridges and malar bones, with burning. Head weak, cannot think any more. Takes away the understanding." (I should think it would.) "Now she takes the vial in her left hand, and observes a similar motion in the upper part of her body, throbbing somewhere in the chest, but she cannot say where." (Poor thing!) "Hacking cough, eyes heavy. Heaviness of the occiput, drawing down, as if something heavy hung on to it. Twitching in the chest. Heat in face and ears. Taking the vial into the hollow of both hands. Burning in her eyes. Pulse weak, slow. Tearing up the left forehead. Head weak, cannot think well. Sleepy, it closes the eyes. Now, she says, it changes. Grasping in both upper arms." But enough, although there is a half

page more devoted to poor Miss S. Before he got through he gave "*lachesis* 2-5" which he translates "two million five hundred thousandths," and had wonderful symptoms from it. If this is not *potentized bosh*, what in heaven's name is it? There are several other cases in the same article all about of the same stamp. A little further on our old friend, Ad. Lippe, comes to the front with some of his remarkable, stupendously great, wonderful cures with high potencies. He cures a case of hepatic colic with one dose of *arsenicum c.m.* (F) and then goes for us ignoramuses who prescribe "low." C. F. Nichols cures a case of springhalt in a horse (which I have always supposed to be intractable) with *silicia c.m.* Well may Puck say "What fools these mortals be."

I have tried to the very best of my ability to prove to myself the efficacy of the high potencies. And I have studied and watched others, but have yet to see the first case cured by the medicine. (F) Before entering college I was a believer, because my preceptor was, although once in a while a doubt would come. One of the professors who conducted the medical clinic, was a high potency man and a close prescriber. I, with others, have watched and watched for a cure with high potencies in his clinic but never saw one. I well remember a case of intermittent fever which called for *natr. mur.* very strongly, and as a clincher that *natrum* was the remedy, the patient, of his own free will, said it "felt as though there was a hair on the tongue." Now for the high potency. *Natrum mur.* 2 c was prescribed. In a week the patient returned, no better. Perhaps we were not high enough and 1 m. was given. A week more passed, and still the same report. *Natr.* 30 x this time, which did no good, and the patient left and went to taking quinine. But nothing affected my high potency ideas as much as a remark from a professor in the same college who has published a book in which he reports an immense number of cases cured by himself by the aid of high potencies. The remark was made in a conversational lecture to his private class. We were discussing the unreliability of remedies obtained from the pharmacies. He said he had not bought any remedies for twenty years, except something which he had not yet had in stock. "How do you keep supplied with remedies then, Professor?" was asked. "Oh, I fill up with alcohol or water, one or both, when a vial is empty!" And this set me to thinking. Here was a man, an authority in the profession, who was continually reporting cases with this or that high potency, who really did not know the potency of a single remedy he had in his office, provided he had any remedy in nine-tenths of his bottles.

After reading about the effect of the two million five hundred thousandth potency, as recorded by Fincke, I asked myself the question: "What are we coming to?" and echo answered "What?" It is utterly impossible to PREPARE such high potencies in an ordinary life-time, if the whole time is devoted to it, and if it is prepared according to the instructions for running up potencies. I suppose so long as there are journals which will publish such trash, and people who will believe it, just so long will we find such men as Fincke, Ad. Lippe and others to write it.

COLLYRIUM FOR DISSOLVING METALLIC FOREIGN BODIES FROM THE CORNEA.—Dr. Rodriguez reports the following case (*Revista de Ciencias Medicas*, 25 Oct., 1881): A blacksmith, aged eighteen years, while forging a piece of iron, received in his left eye a small splinter of the metal, which remained there incrustated, in spite of all attempts to remove it. The following wash was then employed: *Rose water*, 90 grm.; *Iodine*, .05 grm.; *Iodide of Potass.*, .05 grm.; the result was extremely satisfactory. The particle of metal was transformed into a soluble iodide of iron, and all traces of the foreign body had disappeared. The cornea regained its normal condition, and vision remained unaffected.—*Journ. de Méd de Paris*, Nov. 12, 1881.

* A most proper thing to do and we hope the inclination will be followed.—Eds.

ELECTRICITY AS AN AGENT IN FEVER.

By A. G. HULL, M.D., New York.

The proximate cause of fever is electric change, and its type depends mainly on the polarity of the electricity.

The change from a healthy to an unhealthy condition of the system is caused by an excess of either positive or negative electricity. Matter charged with positive electricity causes intermittent and malarial fevers. Matter charged with negative electricity causes typhus, diphtheria, cholera, etc.

Matter charged with positive electricity may at first give tone to the system, but its continuance produces a sthenic condition incompatible with health, and lays the foundation of fever. This tonic condition lasts throughout the entire course of sthenic fever, and a favorable crisis never takes place without its removal.

Matter charged with positive electricity produces irritants and poison endowed with great force, vitiating every organ, giving increased strength, with an exaltation of the nervous symptoms. This tonic condition interferes with all the functions of the system, contracting the various organs and tissues of the body to such a degree that it impedes the secretions and retards the elimination of the effete matter, which, being in a state of partial decomposition, generates the poisons that increase the fever.

This tonic condition is important as a symptom, as it is the exponent of the severity of the fever; and the symptoms and intensity will correspond with the increase and decrease of the tonic condition, and the type of fever depends not only on the polarity of the electricity, but on the kind of matter with which it comes in contact. The great variety of symptoms and diseases developed in fever depends not only on the electricity and the kind of poisons which produce it, but likewise on the determination that takes place during the disease.

The positive electricity which produces the tonic condition of sthenic fever may at first show itself only in a natural and gradual increase of function, but its continuance develops fever. This may be readily demonstrated by electrization. As this positive condition is the cause of sthenic fever and lasts throughout the course, its value as a symptom becomes important, as it alone furnishes the basis on which the treatment should depend. This condition accounts for the number and variety of opposite systems which have been adopted by the profession at different periods for the cure of fever, and likewise the partial success of the various methods.

Positive electricity, which is the cause of sthenic fever, may be communicated to the system by the inhalation of matter charged with it, or it may come from an increased circulation produced by irritation from various causes; from a wound or any kind of local inflammation, or from poison generated by the effete matter of the system.

Intermittent and malarial fevers are caused by an excess of positive electricity which comes from the sun in the form of light. The red rays absorbed by decomposed matter produce it. The red rays of the spectrum are positive, while the blue rays are negative.

It is matter charged negatively that produces fevers of a low type. Matter charged by blue rays has quite an opposite effect. If quinine is placed on the screen beyond the blue rays of the spectrum, it develops a strong blue color, and its efficacy as a febrifuge depends entirely on the quantity of electricity it contains.

To cure fever is simply an electric problem, and the best way to effect the change readily and without injury is by electricity.

If the fever is due to a positive condition it must be changed to a negative one. If, on the contrary, it is due to a negative condition it must be changed to a positive one.

Not only the polarity, but the quantity and intensity of electricity should be cared for, and all remedies used should be strictly with reference to these electric forces.

CLINIQUE.

AN OPERATION OF RESECTION OF THE STOMACH.

By F. W. KÖHLER, M.D., LOUISVILLE, KY.

The patient, Mrs. U. Martin, aged 65 years, residing in Louisville, had been under the care of my father, Dr. H. W. Köhler, for 30 years or more. Her health had always been very good until about seven months ago, when she began to suffer from various gastric symptoms, such as nausea, occasional vomiting, and pain (not severe) in the stomach. Two months later, Dr. H. W. Köhler already considered the case one of cancer of the stomach, but owing to the absence of tumor he made no positive diagnosis. April 29th he again examined the patient, and although at this date all the general symptoms of the disease were well marked no tumor was observable. At the next examination, however, August 27th, a tumor could be distinctly outlined, lying partly under but mainly to the left of the umbilicus. A few days afterwards I saw the case and found the condition of the patient as follows. Cachexia and emaciation well marked. Has some pain (not much) in epigastric region and vomits everything very soon after swallowing it, within a few minutes as a rule. Pulse regular and quite strong. Patient is very phlegmatic and complains less, probably, than most others in her condition would. The tumor seems to be about the size of one's fist and is located as mentioned above. During the last few days patient has been nourished entirely by means of nutritive *enemata* and seems to do well under them. Owing to the speedy regurgitation of food or drink, Dr. H. W. Köhler examined the oesophagus, fearing that the disease had extended to this organ, but not the slightest constriction could anywhere be discovered. Having come to an agreement regarding the diagnosis, we discussed the treatment of the case and here we soon reached the same conclusion, viz., that an operation seemed indicated. We determined, however, to obtain counsel, and hence Dr. H. W. Köhler took three well-known physicians of Louisville to see the case. Of these three gentlemen two were in favor of an operation and the third was not. The facts were now placed fairly before the patient and her husband. They were told that all the physicians had agreed that the case was one of cancer of the stomach and that death was inevitable; that medicine could accomplish next to nothing and that the patient had but a short time to live at best. An operation, if successful might prolong life considerably and would render patient vastly more comfortable than she had been for some time. The worst result that could follow the operation would be, that it would hasten death, but if it did this it would at least substitute a rapid and comparatively easy death for one prolonged and horrible. The patient and her husband decided in favor of an operation without any hesitation, and we then determined to operate next day at 10 o'clock A.M.

There appeared to be really only one contra-indication to the operation, viz., the advanced age of the patient. Emaciation, indeed, was well marked, but not more so than in others on whom equally serious operations have been successfully performed. The patient's pulse seemed strong and she was of that phlegmatic temperament which is generally thought desirable in a patient on whom an operation is to be performed.

At 10 o'clock A.M. of September 2, there assembled at the patient's house Drs. W. L. Breyfogle, Samuel Brandeis, Owen, Murrell, E. Von Donhoff, Dake, Given, Williams, H. W. Köhler and myself.

Dr. Owen, who very justly enjoys a wide reputation as an expert in anesthetics, was kind enough to administer the ether. The immediate assistants were Drs. E. Von Donhoff (one of Louisville's boldest and most

successful surgeons), H. W. Köhler, D. Murrell and Charles Duke. It should be mentioned that the bowels were emptied by *enemata* the night and morning preceding the operation. The stomach was thought to be empty, else we should have also washed it out.

The patient being anesthetized was placed upon the operating table and the abdomen having been well sponged off with pure tepid water the operation was begun. An incision through the abdominal wall, commencing a short distance below the ensiform cartilage and terminating just below the umbilicus, was made. The peritoneum was not incised until all bleeding from the abdominal incision had been arrested. This having been accomplished the abdominal cavity was opened and we had the pleasure of seeing the tumor before us. The stomach was partially drawn from the abdominal cavity, and it was then found that the tumor involved the anterior wall of the greater curvature, extending from near the pylorus toward the cardiac extremity.

I now made an incision through the stomach wall, when it was discovered that the cavity of the organ was occupied by an offensive material, seemingly a mixture of decomposed food and cancer tissue. Before proceeding with the excision of the tumor this material was all carefully sponged out, especial care being taken to prevent any of it getting into the abdominal cavity. Having thoroughly sponged out the stomach, the incision was rapidly extended all around the growth. During this part of the operation three arteries of considerable size were cut, but the parts were so manipulated by Dr. v. Donhoff that all the blood flowed into the cavity of the stomach and as ligatures were at once thrown around the vessels they gave but little trouble. All hæmorrhage having been arrested, the cut edges of the stomach were brought in apposition and united by about 40 points of suture, silk soaked in melted beeswax and *carbolic acid* being used for the purpose. This part of the operation was very tedious, great care being exercised to get the edges accurately united. Having satisfied ourselves that all the parts were absolutely clean and that all hæmorrhage, even the slightest oozing, had been arrested, we proceeded to close the external wound. For this purpose the same variety of suture that had been used in the stomach incision was made use of.

After the abdominal wound had been nicely closed it was hermetically sealed by means of oiled silk and *collodion*. This completed the operation. The patient had been placed on the table shortly after 11 o'clock and it was now 12. During the operation her pulse was very changeable—being very weak at one moment and somewhat stronger the next. No time was lost in transferring her to bed and her pulse being very feeble stimulants were used in moderation to establish reaction. The foot of the bed was elevated and warm bricks were applied to patient's feet. An injection (*hypodermic*) of whiskey seemed to strengthen pulse. An hour afterwards she was also given an enema of warm milk containing a little brandy, which was well retained. Patient was now quite rational and complained that her position in bed was not comfortable. She had also some thirst which was relieved by placing a rag soaked in ice water in her mouth. At 4 P.M. pulse was again very weak and patient very restless, desiring constantly to be placed on her side. She in fact turned herself partly over before the attendants could prevent it.

On account of the feebleness of the pulse I injected about 10 grs. of tincture *digitalis* under the skin, but this seemed to have the contrary to the desired effect, the pulse immediately becoming still weaker. An injection of whiskey increased the strength somewhat again, but it was not lasting, for in spite of everything the pulse grew feebler and feebler and at 5:30 P.M. the patient died.

The change for the worse having been somewhat sudden, occurring soon after the patient had made a somewhat forcible movement to get on her side, I feared that

secondary hæmorrhage had taken place, but the autopsy next day showed this idea to be erroneous. After much persuasion the privilege of making a post-mortem examination was granted us next day. The parts were found just as they had been left the day before, absolutely no secondary hæmorrhage had occurred. Death was therefore plainly attributable to shock, and as elements in the causation of this shock must be enumerated: the advanced age of patient; her emaciated condition; the prolonged narcosis; the unavoidable hæmorrhage; and the shock always attending operations on vital organs.

Ether was used mainly, but as the patient was slow going under it, Dr. Owen mixed some *chloroform* with it. Dr. Owen remarked to me after the operation that in his opinion the patient would have died on the table had pure *chloroform* been used as the anæsthetic. My reading and experience having given me no faith whatever in Lister's method, I took no antiseptic precaution except to observe the most scrupulous cleanliness in all the steps of the operation.

CLINICAL CASE.

By F. D. MAINE, M.D., WINDSOR LOCKS, Ct.

A case of more than ordinary interest and of characteristic infrequency terminated in death on the 8th ult., in this place, in the person of a gentleman nearly 50 years of age—of good and industrious habits. Some features of the case may not be uninteresting to your readers. One year ago last month I was summoned to his bedside where I found him in a high fever with delirium followed by profuse perspiration. I learned that he had had a severe chill, and had previously been ailing for several weeks, with an inclination to sleep three quarters of the time. Of course it was soon manifest that it was a case of malarial origin. Medicines were administered which prevented the repetition of another chill, but though slowly recovering physically there remained a weakness of mind—characterized by impaired memory and marked confusion of thought. Also there was dimness of vision and scintillations of light frequently passing before the eyes, with, at times, an indescribable sensation about the brain. The patient, however, so improved that he attempted to resume business—that of a manufacturer—but in a short time was gradually overcome by a stupor, which was almost complete and which continued for several weeks—taking only nourishment as administered to him. In the meantime there was a torpid condition of liver and stomach, with moderate albuminuria. Finally by *cholagogues* he rallied sufficiently to be able to appreciate his condition. He was taken to the retreat at Middletown, Ct. After remaining at the asylum three months he was returned not improved.

Was again summoned to his bedside the last of May: found him in nearly the same condition in which I found him some six weeks before taking him to the asylum; in a comatose state, with a very thickly coated tongue (yellowish gray) and exceedingly offensive breath. The bowels were very constipated. Not having seen him for some time, upon inquiry I learned that he had been *especially* failing for about a week. Had taken but little nourishment for several days, and consequently was quite feeble. I noticed a slight contraction of the pupils. The bowels were moved by means of an aperient medicine, followed by an enema. The next day was followed by apparent slight relief. Temporarily was conscious, and asked for some coffee.

In the afternoon the pulse had arisen from 66 to 75, and though regular was gaseous and weak.

The following day witnessed no material change, except that the bowels moved voluntarily twice; dark bilious dejections and very offensive.

There was a disposition to sleep continually, not arousing sufficiently even to take food or drink. Indeed, the

faculty of deglutition was so impaired there was danger of strangling in the attempt to swallow. I may say here that the coma so characteristic was not due to "uremia," as the kidneys responded quite fairly. Finally two days before his death, hemiplegia of the right side of body occurred.

The 8th ult., and the day of his death witnessed in the morning several attacks of vomiting of bilious matter. The pupils were contracted to the "pin-hole" condition, breathing stertorous, pulse 36 and irregular, surface cool. *Tonic spasm of upper and lower extremities.*

At 1 P. M., a change had occurred. I found him in a profuse perspiration, surface hot, pulse at 120 per minute, pupils considerably dilated and not responding to light.

At 8 o'clock pulse had fallen to 90, perspiration ceased, surface cool. Thus, with the stertorous breathing continuing, he passed away in the afternoon about 4 o'clock. In reviewing the case of this gentleman, dating back one year last month, at which time he suffered from the congestive chill, followed by the phenomena above detailed, may we not reasonably assume that the brain symptoms, confusion of thought and imperfect vision with the coma, tonic spasm and hemiplegia, were effected by the pernicious results of blood-changes, either in pigmentary deposits leading to circumscribed cerebral softening or hyperemia from other degenerative changes, and that all were principally attributable to "chronic malarial infection?" This at least accords with my judgment, as I carefully review this to me remarkable case.

It would be gratifying to me to learn of cases similarly affected, the treatment, and what the results. Also any criticisms of this case.

REPORT OF THREE URINARY CASES.

By BUCK G. CARLETON, M.D., NEW YORK CITY.

CASE I.—Mrs. —, et. 67, widow, presented the following history: Inability to retain her urine for the previous twenty years; had consulted four well known new school and three prominent old school physicians in regard to her case, and all united in pronouncing it incurable. Her general health was good; had never been troubled with uterine difficulties, and was the mother of four children. A sister, four years older, was afflicted in a similar manner, and also had been unable to obtain relief.

The diseased condition of the urinary apparatus came on gradually, and without any assignable cause. The urine passed from her incessantly; walking the room greatly aggravated her condition, and walking in the street was almost impossible on account of the state her underclothing soon assumed; this infirmity necessitated the wearing of a napkin at all times. The urine was so acrid that it destroyed the underclothing, at the same time producing great excoriation of the labia and neighboring parts. Its odor was so marked that she was obliged to deny herself all company except those persons most intimate.

The urine exhibited an alkaline reaction, the microscope revealing oxalate of lime and a few epithelium cells; otherwise the urine was normal. A one-grain powder of *kali hydriodicum*, $\frac{1}{8}$, was dissolved in one-half a glass of water daily, and two teaspoonfuls administered every two hours. This treatment was continued without other drugs for about two months, when the case reported cured. Two years have passed without any return of the weakness, although in the meantime this patient has had rheumatism and a very severe attack of bronchitis.

CASE II.—Mr. —, et. 25, married. Three years previous to the illness here described was troubled with numerous and severe attacks of renal colic, caused by calculi of the uric acid variety, and from which he had apparently recovered. One night, after assisting in

the moving of his piano (his urine passed during the evening presenting no abnormal conditions), was seized with symptoms of renal colic. *Morphia sulph.* was administered hypodermically which gave relief until the calculus passed into the bladder. For two or three days the urine contained a few blood corpuscles, but was otherwise normal.

On the fourth day I was summoned again and found the patient suffering from great pain in the region of the bladder, shooting in all directions, with a constant ineffectual desire to urinate. *Morphia sulph.* was again hypodermically given, with the idea that a calculus which had passed a ureter with little difficulty would soon disengage itself at the sphincter vesicæ and easily make its exit from the urethra, but as four hours had elapsed, and two grains of *morphia sulph.* had been given without the pain decreasing, or evidence of the calculus advancing, it was thought best to introduce a sound, and ascertain its exact location. To avoid injury to the parts a flexible catheter No. 8 was used. It easily passed into the bladder, the urine was evacuated and the pain relieved. About four hours later a calculus passed without pain or difficulty, measuring about one-third of an inch in length and from a fifth to a fourth of an inch in diameter, resembling a miniature cone of *saccharum lactis*, the prongs all projecting forwards and outwards.

Undoubtedly when first attempting to pass the sphincter vesicæ the prongs of the calculus projecting forwards and outwards became engaged and prevented its progress, but at the second attempt, with its prongs projecting backwards, no difficulty was met with.

Since that time (two and a half years) the patient has been perfectly well. This calculus had probably been impacted in the pelvis of the kidney for about three years, and was dislodged only when an unusual amount of exercise had been taken.

CASE III.—Mrs. —, et. 66, widow, presented the following: Since seventeen years of age has suffered from attacks of renal colic of greater or less severity every three or four weeks; otherwise her health has been good until the past few years, when she has had frequent attacks of erythema of the face and myalgia. *Berberis vulg.* has frequently been recommended to eradicate and ameliorate attacks of renal colic. Fifteen grains of the third dec. trit. were dissolved in one-half a glass of water and two teaspoonfuls administered every fifteen minutes during a very severe attack. It gave marked, but not immediate relief. In about one hour, however, an unexpected train of symptoms was produced by the remedy, and they have been verified three times with the same patient:

At first there was a pleasant sleepy condition of the mind lasting about thirty minutes. From this she started with a loud laugh, almost convulsive in character, produced by the ludicrous objects which passed like a panorama before her. At other times she appeared to be enjoying herself quietly and in a perfectly happy state of mind, knowing all the time that it was all unreal, and that she was ill and in her bed, yet in imagination she was taking an active part in the various panoramic changes. Among other things, she thought that she was driving Jumbo up the avenues, that she was arrayed in a white robe down to the knees, and corded in at the waist, and was greatly pleased because her friends were cheering her and the elephant as they passed up the avenue. The expressions in regard to the various changes were extremely laughable in character. This condition of mind usually lasted about two hours, and was not followed by any reaction (the patient is of quiet and sedate habit, and not hysterical in the smallest degree).

Remedies, as a rule, were of very little benefit to her, with the exception of *clysmic water*, which gave much relief and was taken *ad libitum*, whenever there appeared any marked increase of the uric acid in the urine.

While in the country she talked with a physician, who said that he had cured himself of this disease with

natural *clysmic water* taken homœopathically—none of his old symptoms having presented themselves in over three years. At this time the patient commenced the use of *clysmic water* in the following manner. Whenever the urine became loaded with uric acid to any unusual amount, she would take three or four wine glasses per day of the natural water, which was procured by allowing the carbonic acid gas with which it was charged to escape. In three or four days all unfavorable conditions would disappear. By this mode of treatment, without other medication, she has escaped with only one slight and short-lasting seizure during the past four months.

These attacks have been invariably followed by persistent vomiting of a green, slimy substance, which on some occasions has continued five or six days. Immediate relief from this condition has of late been obtained by the application of a mustard poultice to the epigastric region, and the administration of *natrium sulph.* sixth dec. trit. The vomiting has been followed by great prostration, which has readily yielded to the first dec. dil. of *sarsaparilla*.

[Dr. E. M. Hale, in the *U. S. Med. Investigator* for September, contributes an article on the use of *hydrangæa arborescens* in renal calculi, etc., in which he claims to have experienced the best of results from the use of this remedy. See, also, the *N. Y. Medical Record* of December 10th, 1881, and January 7th, 1882.—Eds.]

CLINICAL NOTES ON MENTAL DISEASES.

COLLECTED FROM THE GERMAN BY F. G. OEHRM, M.D.,
TOMPKINSVILLE, STATEN ISLAND, N. Y.

[Continued from Page 181.]

44. *Nux moschata* cured a case of *clairvoyance*. The patient was 29 years old, mother of 4 children. *Allg. h. Ztg.*, 46, 81. This remedy is indicated where the bodily health seems unaffected with the exception of general weakness or weakness of a single function or organ, for instance of the memory or the eyes. *Hyg.* 23, 256.

45. *Nux vomica*. *Hypochondriasis*. *Melancholia*; with great anxiety and crying; with satiety of life and inclination to suicide; in consequence of derangement in the digestive organs with constipation, etc.; with quiet brooding and indifference, but in the afternoon and evening with excitement and talkativeness, with wild and elated plans and ideas; with forgetfulness and fixed idea of having committed a crime; with absurd fear regarding subsistence; with desire to be alone, aversion to talk, and to work, and dislike to noise.

Uneasy, unrefreshing sleep, sleeplessness, troublesome dreams. Irritable, cross, easily frightened, timid. *Hyg.* 2, 33. *Bachr.* 1, 220. *Rueckert, Klin. Erf.* 1, 33. *Allg. h. Ztg.* 60, 193. *Brit. Journ. of Hom.* 103, 577.

Irresistible desire to stab her husband, whom she loves; to kill her husband or children whenever she sees a sharp instrument. *Hahnem. Monthly*, 5, 242.

Talks nonsense and does things the wrong way. *Annal.*, 1, 50.

Mania puerperalis with fixed idea and nymphomania. *Hirsch. Ztschr.* 6, 132.

46. *Opium*. *Exaltation* with rush of blood to the head, hallucinations, and occasionally a comatose condition—or depression with paleness of the face; idiocy. *Hyg.* 21, 141, 23, 257. *Arch.* 5, 1, 97. *Annal.* 4, 331.

Two cases are reported which were on the border between mania and raving delirium during an acute disease. The condition appeared at the end of the acute disease and *bellad.*, *hyocy.* and *stram.* had proved useless. *Allg. h. Ztg.* 3, 6, 40. *Hirsch. Ztschr.*, 5, 25.

47. *Petroleum*. One case. A corpulent man of 50 years. Quiet, sad, indifferent, but irritable. Head every morning heavy, hot and painful; pain in back and small of the back; belching of wind; thin, slimy stools with cutting pain in abdomen; pale face; emaciation; profuse night sweats. *Allg. h. Ztg.*, 5, 306.

48. *Phosphoric acid*. *Homœsickness*. Ill effects from sorrow and grief, from great anxiety and care during sickness of loved ones. *Allg. h. Ztg.*, 50, 27.

49. *Phosphorus*. In *exaltations*, culminating in mania, or in depressed conditions, as *hypochondriasis*, *melancholia*, and *idiocy*, especially when having relation to the sexual system—after self-pollution or sexual excesses. *Nymphomania*, *Satyriasis*. *N. Arch.*, 2, 3, 103. *Bachr.* 223. *Sorge, der Phosphor*, 192. *Jahr.*, 27. *Pr. M.* 8, 9, 151.

Insanity with nymphomania and hysteric laughing and crying after grief and sorrow. *Jahr's Liefaden*, 33. *Somnambulismus*, during the attacks of which the patient was furious and destructive. *Allg. h. Ztg.* 16, 79.

50. *Platina*. *Melancholia*. Sadness, fear of death, taciturnity, brooding, sighing, crying, wringing of hands, restlessness, sleeplessness, forgetfulness, absent-mindedness; constipation. *Melancholia puerperalis*; melancholia from diseases of the female organs, or disturbance of their functions. *Nymphomania*. *Melancholia religiosa*; with præcordial anguish, crying, self-reproaches, inclination to solitude and suicide, indifference, etc. *Hyg.*, 24, 12. *Allg. h. Ztg.*, 49, 103. 50, 190, 57, 102. *Hirsch. Ztschr.* 24, 173.

We find twice a melancholic, disconsolate condition accompanied or caused by an affection of the rectum. A man had frequent desire for stool and pressure in the rectum; constipation; the stool is passed in small pieces with much difficulty; forgetful, absent-minded; thinks himself better than his wife; fear of death. *Annal.*, 1, 48. A woman had diverse nervous pains, but particularly pressing pains in the rectum; had the fixed idea of having cancer of the rectum, of which she must die. *Hirsch. Ztschr.*, 24, 173.

A woman had the fixed idea that she had to die at a set time; crying and taking leave of her family. *Hirsch. Ztschr.*, 24, 173.

One case of a girl of 19 years, showed the following symptoms: loquacity, laughing, singing, dancing, crying, making faces, gesticulating, adheres stubbornly to her ideas; distorted features, staring eyes; no desire for food, but when offered, eats ravenously. *Rueckert, Klin. Erf.*, 1, 40.

51. *Pulsatilla*. Mental derangements which originate in, or have relation to, the female sexual system—to amenorrhœa, pregnancy, lying-in, and climax; especially in mild, shy, timid, yielding, easily-weeping persons.

Melancholia with anxiety, uneasiness, palpitation of the heart, dread of people, inclination to hide; the patients are fainthearted and fear darkness, or are worse in darkness, and have then frightful hallucinations. *Melancholia religiosa*. Brooding, praying, despair of eternal salvation, remorse. Sleeplessness, troubled dreams. *Annal.*, 1, 62, 2, 243. *Arch.*, 19, 1, 89, and 2, 113. *Allg. h. Ztg.*, 13, 286. 50, 190. *Hirsch. Ztschr.* 18, 28.

One patient was suspicious, gloomy, reserved; another discontented, not inclined to talk, irritable, with satiety of life and hints of suicide. *Arch.*, 9, 1, 113. 12, 399.

[To be Continued.]

NEW METHOD OF CURING HYDROCELE.—(Escher, in *Centralblatt für Chirurgie*; *Edinb. Med. Jour.*, May.) This new method of treatment consists in the introduction of a bougie into the sac after the latter has been punctured and evacuated in the usual manner. In the case of children or young persons the bougie (1-10 inch in diameter) is introduced to a depth of four or six inches, and remains in the sac from one to twelve hours. In adults the bougie may be passed in to a depth of 12 inches, and be retained for 24 or even 30 hours. When reaction has thus been ensured, the bougie is removed and the inflammation treated by rest, compresses, etc., according to the degree of its severity. This new method has been tried in 250 cases. It is said never to have yet failed to cure, and that recurrence is rare.

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"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and OUGHT to be the ONLY ACKNOWLEDGED RIGHT of an individual to the exercise and honors of his profession."—Code of Medical Ethics, Amer. Med. Ass., Art. IV., Sec. 1.

Our practice is not "based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry."

ALBERT E. SUMNER, M.D.

If life is measured by deeds rather than years, Dr. Sumner, although dying at the age of forty-two, still lived to a ripe old age, accomplishing a long life's work in his score of professional years. It has been well said, "life is made up not of great sacrifices or duties, but of little things, of which smiles and kindness and small obligations given habitually, are what win and preserve the heart and secure comfort." The kindly nature, the warm sympathy ever roused at the sight of suffering and poverty, the great, noble, unselfish nature which made his friends' troubles his own, entering into their joys and sorrows, rejoicing when they rejoiced, and bringing to their aid, when the clouds of sorrow or adversity hung cold and dark over them, his skill as a physician, his advice as a friend, or his purse, when it would add to their comfort, was the magnetism which grappled his friends to him as with hooks of steel, and will keep his memory green in their hearts.

Dr. Sumner was born in Hartford, Conn., in 1840. He received his literary and classical education at Trinity College, and his degree of Doctor of Medicine from the University of New York. Shortly after his graduation, he became associated with the writer in the medical care of the Home for the Friendless, New York. One morning, on going through the sick ward, we found three of the children with unmistakable small-pox. All the inmates of the institution were vaccinated and the sick sent to the small-pox hospital, Blackwell's Island. The next morning two more were down and sent to the hospital. The next morning four more showed signs of the disease. It was evident we could not send the whole institution to the pest house, and the gymnasium in the top of the building, a room some seventy-five feet long by forty feet wide, was made ready for the reception of the sick. Before the epidemic was controlled we had sixty patients, most of them with confluent small-pox. Not a death occurred in the entire

number, while of the five sent to Blackwell's Island three died, one was blind, and the fifth was so deeply scarred as to be scarcely recognized. These little children were watched and cared for by Dr. Sumner with as deep a sympathy and as much kindness, as if each visit was to bring its pecuniary fee. In this short experience the keynote of his character, which has won him success, was distinctly revealed in the magnetism of a kindly heart, a genial nature, an intelligent brain, and an unflinching devotion to duty.

Not only his genial nature, but his ready tact and quick wit made him warm and fast friends, and carried him over many a difficult place, where those with less ample resources would have stumbled. This was illustrated in his application for a position as surgeon in the Navy, in response to the call of the Government in 1861. He had passed his examination successfully, when he was asked if he was a homœopath. He replied that he denied their right to ask that question in connection with his examination, and when an answer was positively demanded, he said, "I positively refuse to answer your question, and if I am rejected on this ground, I shall appeal to the Secretary of the Navy," who was an old family friend. The appeal was unnecessary and the young surgeon found when assigned to the *Corwin* for service that not only the captain but nearly all the officers were homœopaths. He remained in the service eighteen months and then established himself in Brooklyn; shortly after, entering into a partnership with Dr. A. Cooke Hull.

During a course of lectures he delivered in the New York Homœopathic Medical College on diseases of the skin, we called at his lecture room one day to see how he was getting along; we found the lecture over, but the lecturer surrounded by a crowd of students asking questions, which were answered with a clearness and felicity of expression which impressed the facts on their minds. He had already won their hearts. About this time he was appointed medical director of a little dispensary in Atlantic street, which at the time of his death had expanded, under his fostering care, to the Cumberland street Hospital and Dispensary, one of the best appointed hospitals in the country. The Brooklyn Maternity and Training School for Nurses also owes its existence to his energy and effective work. What prouder monument could any physician desire than institutions like these, great fountains of healing from which we trust will flow in living streams the blessings of our art through generations yet to come!

Dr. Sumner had remained on his farm nearly all summer and enjoyed unusually good health. While getting out of his carriage in the city he reeled and would have fallen but for his coachman. He was taken to the house of his friend Dr. Keep, and died in half an hour, from apoplexy. He leaves a wife and three children.

He was one of the founders and early editors of this Journal, ever ready to aid it in its work of progress, by his pen, his counsel and his purse. The extract at the head of our editorial page, from the code of ethics of the American Medical Association, was placed there at his suggestion.

His strong hold upon the hearts of his friends was seen in the crowded church on the day of his funeral; in the beautiful and touching floral tributes which surrounded the altar, and in the address, more than once broken by emotion, of the rector, the Rev. Dr. Hall. The allusion of Dr. Hall to our profession was one of the most touching and graceful tributes we have ever heard. The time, the place, and the eminent position of the speaker as a theologian and a pastor, gave additional force to his remarks.

"I have often thought," he said, "that my own profession, in fact that we might all sit at the feet of the professor, of the dead physician, whose confined form lies before us, and learn one of the purest and noblest lessons of Christianity. We talk; they act, going into the houses of the poor where the air is often tainted with the breath of the pestilence, ever faithful in their work in storm and sunshine, by night and day. Work performed, often without hope of pecuniary reward and followed not unfrequently with detraction and abuse. In the spirit of the Great Physician, their hearts are ever open to the cry of suffering and their lives devoted to its relief."

Son, brother, friend! thy work is done, but the influence of thy life flows on through coming generations. To thee the victor's crown; to us for yet a little while life's earnest toil. God grant that our eyes may close at last upon work as well and faithfully done as thine!

PERNICIOUS GOSSIP AND ABUSE OF POWER.

Two of the greatest evils in New York, and perhaps also in many other parts of our country, are the lack of prudence and good judgment on the part of many of the government officers, and the license of the daily press. The time may come when it will be absolutely necessary for the protection of society that a citizen shall thoroughly understand his legal rights and hold officers and press to strict account for their acts. As matters now stand, it is a question whether a man has not more to fear from ignorant and brutal officials aided by the gossip of the press, private malice, and many of the ministers of the law, who, for a fee, will swear that white is black and black white, than from the open or secret violators of the law. The question which appeals most strongly to the mind of many a peace-loving citizen is not, "how shall I vindicate my rights, but how shall I escape the falsehood and malice hurled at me through the public press to gratify private spite, to vindicate official incompetency or to tickle the itching ears of the public for scandal?" Many a name has been blackened and many a family crushed by the license and reckless gossip of the press, to which in search of news nothing in private life and the domestic circle is sacred. It is not enough to say in reply to a statement which, if true, would blast a reputation and pillory in eternal shame a hitherto untarnished name, "you have the right to reply." The scandal has been started; an innocent fact, perhaps, distorted into a crime; seeds of bitterness planted, which only time can uproot, and a shadow cast over pure and noble lives. The rule which should be adopted in private life should be the rule of the press.

Before giving voice to a statement, take the necessary steps to ascertain its truth and even then use a sound judgment in withholding it from, or presenting it to the public. The daily paper might not be so highly spiced with scandal and horrors as where the race is as to who shall serve up the most gossip and use the largest microscope in magnifying the smallest fact; but society would be improved and the press take a higher rank, everywhere respected as a conservator of morals, a vindicator of truth and a welcome guest in the family.

What business has the press or the public with private matters which concern only individuals? And why should the daily press, an agent of so much power for good, feel called upon to lower its dignity and prostitute itself to the level of a spy and a dirty scavenger to gather a feast for the depraved tastes which it should be its duty to elevate? The recklessness of the press and some of our public officials has recently been strikingly illustrated in the arrest of a prominent physician and a hitherto respected citizen, their confinement in prison and trial before a coroner's jury. The husband, frightened out of his senses at finding himself under arrest, was persuaded to send a telegram to the physician, who was arrested as he was entering the room of his patient, and hurried off to prison. The wife, hovering between life and death—husband and physician torn from her side and hurried off to prison for a crime which would disgrace her name—was left to the care of her nurse. The action was simply brutal and, no matter if performed by officers of the law, *infamous*. If necessary to secure the husband and the physician, they could have been watched by a detective until danger to the wife was over, instead of risking her life by a blundering course. Startling editorials appeared in the daily papers judging the whole case. The reporters' account appeared under great head-lines: A TERRIBLE CRIME COMMITTED!! THE PHYSICIAN FACE TO FACE WITH THE STATES PRISON!! etc. At length the coroner's inquest is held, when this bubble, which had grown so large that it seemed a vast mountain of crime, was pricked by a plain, simple, unvarnished statement substantiated by ample proof. There had been no crime, not even the thought of a crime by any one. The physician had simply performed his duty, and by his skillful treatment and kind care had probably saved the life of his patient. All of the facts could just as well have been learned before as after the dish of scandal had been served, and matters dragged out to the light of day, which concerned no one but the individuals themselves. And yet after the parties had been acquitted by the plainest testimony, one of the daily papers could not forbear a parting fling that the jurors were evidently the friends of the prisoner, and it would have been more to their credit not to have shown it so distinctly.

The curtain falls to give the reporter time to sharpen his pencil for another picture in which impudence and imagination will play a prominent part. Is there no remedy, oh, statesmen and teachers of morals! for this spying into private affairs with which the public should have nothing to do—this blundering abuse of law by the ministers of law? Of all the Mrs. Grundys, the Mrs. Grundy of the daily press is the most odious and the most to be avoided.

HOSPITAL SERVICE

There are at present several vacancies in the house staff of the Homœopathic Hospital on Ward's Island. That there should be any difficulty in filling these positions with the very best men of recent graduation in our school, is a disgrace which we can ill afford to bear. That men can be found to occupy these places we need not say, but that such men as are wanted do not apply in sufficient number, we are very sorry to admit. It has often been asserted that our school cares little for pathology and diagnosis, expending all its force on symptomatology, and the experience in the case under consideration certainly tends to substantiate this charge.

Now, while we have no desire to underrate the value of symptomatology as an adjunct to diagnosis, prognosis and treatment, we desire at the same time to impress upon the minds of our readers, the desirability at least, yes, even the necessity, of a knowledge of physical examination to complete the diagnosis, and the study of *morbidity anatomy, post-mortem*, as the only means to a full knowledge of the various conditions which are denominated disease. These facts having been admitted, as we have no doubt they will be, the importance of a suitable place in which the study can be prosecuted, becomes apparent, and all will agree that a large hospital in which there may be found every variety of disease in the various forms and grades, is the place where this can be done to greatest advantage. Here the patient may be examined and watched through his illness, and if the affection be fatal, a study of the case *post-mortem* will enable the student to see with his own eyes the condition which has been responsible for all this.

In this hospital the service is so graded that the *internes* is taken by easy steps to the responsible position of house physician or surgeon. His first six months is spent largely in the all-important service of "taking cases." In doing this he has every opportunity for physical examination, for the study of the cases comparatively and by means of his text-books, both for diagnosis and for treatment. He also has the opportunity to see the *post-mortems*, and, is thus furnished the means for intelligent pathological study.

The importance of this service is rarely appreciated, either by the *internes* or by the profession at large. Every experienced practitioner knows full well that when he has completely "taken the case," as a rule, the prescription is comparatively an easy matter, and no intelligent prescription can be made without.

The results in this service have demonstrated its necessity, and those who are compelled to go through it in the line of promotion, become its most ardent supporters.

The second six months covers a period of more interesting duty, upon which the *internes* enters if he has been faithful, with great hopefulness, and with increasing responsibility.

At the end of twelve months' service the *internes* enters the responsible position of full house physician or surgeon, and then can he appreciate the necessity of the steps by which he has reached his present place.

Here he will find even greater opportunities for perfecting himself in his studies than he has yet enjoyed,

and by judicious and methodical use of both means and time, he can become expert in those branches necessary to the general practitioner, can lay the ground-work for the study of a special subject, and can emerge from the service with an experience equal to ten years of active private practice.

It seems a pity that this material should not be utilized for educational purposes, particularly when our school stands in such urgent need of it. Our young men go out into practice with next to no clinical experience, and with absolutely no knowledge of morbid anatomy, and this need not be, while we have so much and so good material going to waste, in consequence of utter neglect.

It seems to us questionable policy for educational institutions to use hospital facilities simply as a tail to their kites for the purpose of attracting students, and when they get them, fail to make good the inducements through negligence!

We believe that preceptors should use more care in directing their students in the selection of an *alma mater*. They ought to ascertain the amount and quality of the clinical teaching, and whether the representations in this particular are true, or are only used as an advertising dodge.

The colleges will not do their duty, in respect to these points, until the general profession comes to a realizing sense of its importance, and actually compels more attention to clinical study, and to the investigation of pathological anatomy.

We are sorry to say that the tendency of many of our practitioners is to get their students into practice, and in doing this, the attention is directed to symptomatology at the expense of other important collaterals. The result in such cases is obvious, and is quite familiar to those whose duty it is to examine such candidates for hospital appointment.

We venture to hope that the Bureau of Medical Education of the American Institute of Homœopathy may include this whole subject in the report which will be made at the next session, so that the general profession may know the facts as they really exist.

THE IRREPRESSIBLE CONFLICT.

Our old school friends will find the conflict with homœopathy more "irrepressible" than they ever dreamed of, and that they cannot suppress the subject with "supercilious contempt!" Neither can they eradicate its principles by recognizing our colleges as regular teaching bodies, and by inducing graduates of these schools to become alumni of theirs—their latest dodge—for the great majority of our practitioners are already graduates of colleges where homœopathy is ignored, and they are still firm in the faith and are not "trading upon a distinctive title."

There is no doubt that "homœopathy has been waging an active, zealous war upon the old school, and invading its domain in every direction, and extending its own influence, increasing its patronage and improving its standing." The same authority admits that our numerous colleges correctly teach all the branches necessary to

a complete curriculum, and that the homœopath cannot be denominated a quack or an ignorant pretender.

The writer above quoted evidently knows very little of the subject of which he is treating, or he would not talk about "giving them an opportunity to compare the rational and scientific (?) teaching of true medical science with the irrational, absurd and credulous theories of their own schools, and to observe and compare the results of our practice as exemplified in our clinics, with their own," for the majority of us have already had that chance to our heart's content, and the more we see of it the better we are satisfied with our own method of selecting remedies according to the rule of *similars*, when that plan is applicable, for no one will claim its propriety in every case, or that it can take the place of chemistry, hygiene or any other of its collateral relatives.

The same writer either displays gross ignorance or else wilfully misrepresents the true state of affairs when he says of Homœopathy that "it is evidently dying the death which sooner or later overtakes all errors and delusions," for the practice was never more popular with the people, and never counted so many practitioners as at present, and as for scientific attainment we are not ashamed to compare. Our colleges are well filled with the most earnest and best educated young men to be found in the land, and every day marks the advent of some newcomer from the old school; even as we write an interruption comes in the shape of a letter from an old school practitioner of standing, asking light as to the new school.

He says, "I am thoroughly convinced of the law of similars, and it is the chaff which encumbers your materia medica that prevents old school physicians from investigating the subject as they ought." We will admit that we have a vast amount of chaff, and we propose to do what we can to get rid of some of it, but the principle is irrepressible and cannot be dismissed with "supercilious contempt!"

The Rhode Island Medical Society proposes to root out homœopathy by requiring every candidate to its membership to hereafter promise "that he does not profess, or intend to practice, any exclusive system of medicine," but even this will have no effect in suppressing that principle which underlies the method.

Dr. Walter Wessellhoft has most ably set forth in the *Nation* of July 27, the position which we of the "new school" occupy, and as some of his points are quite new and novel we reproduce a portion of his article in this connection. He says:—

"Even if the homœopaths held that any one theory could explain the action of all remedies in all diseases, and that their principle were such a theory, they would not, in view of the extreme uncertainty of all matters pertaining to therapeutics, deserve all the opprobrium their enemies seek to cast upon them, absurd as such a proposition would be. But the fact is, that the great majority do now, as they have done from the beginning, refuse to admit that their law partakes in any sense of the nature of a theory, dogma, or article of belief. They claim for it no other attributes than belong to any physiological principle, which formulates the recurrence of certain phenomena under certain conditions.

"A very large proportion, if not the majority, of 'laws' governing, as we say, the course of vital phenomena, are principles of this kind, as I need hardly remind you, and they vary in the certainty of their operation according to the degree of exactness with which the conditions necessary for their manifestation can be supplied. Unless due allowance is made, however, for habits of speech, it is wrong to say of them that they 'govern' phenomena, or are operative in producing effects, as they are, I repeat, no more than observed uniformities or formulæ expressing the more or less regular occurrence of events under given conditions. The equality in the number of

male and female births, taking the year together; the increase in the number of suicides at certain seasons; the fact that substances containing nitrogen in very high proportion are powerful poisons, are laws of this kind, as are many of the laws of heredity, the law of chemical affinity, and innumerable others, which will readily suggest themselves to the professional as well as the unprofessional mind. They are not theories or dogmas; neither are they laws of Nature in the sense of infallible, immutable, universal, or ultimate laws; nor do they possess the certainty of the majority of laws governing, as we may say here more correctly, the phenomena of the physical world. They are properly classed under the head of empirical laws, inasmuch as they are reached by experience alone and afford in themselves no explanation of the phenomena in which they are exhibited; and sooner or later they may all be resolved into other laws of a simpler nature. Until they are so resolved, however, they remain laws in their own right, as I may say, and may serve as useful rules of art or practice. It is to this class of laws that the formula *similia similibus curantur*—or *curantur*, as Hahnemann more correctly framed it at first—belongs; and the long and repeated discussion of the subject in the homœopathic literature, periodical and other, makes it absolutely unwarrantable on the part of the code-framers of the 'regular school' to call it an exclusive dogma, to assert that it is a theory held to explain the *modus operandi* of drugs, or that it has anything mandatory in its nature, like an ordinance, divine or human, to which men must adhere under penalty of expulsion from Paradise or societies chartered by the State.

"To have mentioned the matter of empirical laws is to have come directly upon the question of science, the most fundamental of all the questions at issue between the two schools. If it were possible to reach an understanding on this point, the public, and the profession too, would be 'immensely advantaged,' and all the questions of secondary importance which continue to complicate and confuse the discussion would then fall away of their own accord. The old school continues to follow, in the main, as it has done for two thousand years, the rational or dogmatic method of determining the indications for the use of all its remedies, including drugs—a method which results, of necessity, in a practice essentially allopathic; a term, by the way, suggested by Hahnemann, and accepted freely and advisedly by the entire profession up to within the last eight or ten years. It is the application of common sense, trained and untrained, logical and illogical, and always biased measurably by tradition, dogmatism and the imperfections attending all medical education, to every new discovery in the sciences auxiliary to medicine proper, and to every new theory which can be put forward with sufficient plausibility or authoritative force. In other words, it is common sense turned loose, without guide or compass, among the most difficult of all human problems, and under circumstances the most unfavorable for its clear and judicial exercise, since it is called upon to reach conclusions in the presence of suffering and danger, as well as the consideration for daily bread. In all cases in which the cause of disease or injury is recognizable and readily removable, this method yields the most brilliant results—a fact as cheerfully recognized by the homœopaths as by their opponents. But in the great majority of all the disturbances the general practitioner is daily called upon to treat, in which the cause is remote or matter of mere conjecture, and not to be reached by direct means, common sense, and even the most thoroughly disciplined judgment and reason, are too liable to be wholly at fault, as the history of medicine even in our own day amply shows.

"The new school, on the other hand, follows the empirical method in seeking to establish clear and practicable indications for the use of drugs, for which substances it claims a curative power which may or may not be independent of its physiological action. It takes such correlated facts as accident or experiment has brought to light, and by induction infers from them a law or principle which it then converts into a rule of practice. Such facts are the countless instances of similarity between the physiological effects of drugs and the phenomena of such morbid processes as are removable by them. To collect and sift these facts, to find as nearly as possible the conditions under which they occur, and to reproduce them by experiment, is the scientific task of the new school, while its art consists in applying the knowledge thus gained in practice. In the exercise of the healing art, therefore, it is, to quote a line of Pope's, 'led by a rule that guides, but more constrains'—a point never to be lost sight of; for where other more direct and speedy measures are plainly indicated, or where no curative reaction can be looked for, its application ceases."

THE LIMITATIONS OF HOMŒOPATHY.

Dr. Richard Hughes, in a recent lecture delivered at the London School of Homœopathy (*Monthly Homœopathic Review*, Aug. 1) says, in answer to the inquiry "what are the practical exceptions to the rule *similia similibus*?"

"I find only the following instances in which a candid survey of actual practice gives the preference to non-homœopathic measures:—

"1. The use of cold baths in typhoid fever seems to give better statistics as regards recoveries than even our own treatment can boast.

"2. The recurrence in relapsing fever cannot be prevented by homœopathic remedies; but can be by antiseptics like the *hyposulphite of soda*.

"3. We have nothing to take the place of full doses of *iodide of potassium* in tertiary syphilis.

"4. In peritonitis from perforation we must give full doses of *opium*, as in ordinary practice, if we are to have a chance of saving our patients.

"5. In cardiac dropsy we can rarely get the good effects of *digitalis* without the induction of its primary physiological effect, so raising the arterial tension.

"6. *Nitrite of amyl* is a better palliative in the paroxysms of *angina pectoris* than any homoeopathically-acting remedy.

"7. The use of *iodide of potassium* in aneurism seems outside the range of our method, and is yet a most valuable piece of practice, on which we cannot improve.

"8. In uræmic coma, measures for relieving the brain of the 'perilous stuff' which is oppressing it—if needful, venesection itself—are of more avail than the best drug-treatment."

This strikes us as being a plain, concise statement of fact which every practitioner of our school must be able to confirm or to refute, in whole or in part, by the results of his own experience. Now, we should really like to know what the strict Hahnemannian has to say about it. Will he not inform us how many "fatal errors" Dr. Hughes has committed under the above enumeration—or whether the entire list constitutes one grand, comprehensive exhibition of "heretical pravity"? Are all or any of the complaints Dr. H. mentions as being, at present, beyond the capabilities of homoeopathy, satisfactorily treated by the "Internationals" on strict Hahnemannian principles? If they are, can we not be favored with some detailed instances of cure under each head?

We submit to our esteemed contemporary that such a mode of dealing with medical questions is better adapted to serve the cause of truth and of suffering humanity than any amount of mere abstract reasoning or oburgatory eloquence.

BIBLIOGRAPHICAL.

THE DISEASES OF THE PANCREAS AND THEIR HOMOEOPATHIC TREATMENT. By A. R. THOMAS, M.D., Prof. of Anatomy, Hahnemann Medical College, Phila., Author of a Practical Guide in Post-mortem Examinations and Morbid Anatomy, J. C. MORGAN, M.D., formerly Prof. of Practice, Michigan University, A. KORNDORFER, M.D., Prof. of Clinical Medicine, Hahnemann Med. College, Phila., and E. A. FARRINGTON, M.D., Prof. of Materia Medica, Hahnemann Med. College, Phila. Chicago: Duncan Bros. Pp. 70, 8vo. 1882.

The contents of this book are a revised reprint from the transactions of the Homoeopathic Medical Society of Pa., and cover a subject of which little is known.

Prof. Thomas devotes his attention to the anatomy and physiology; Prof. Morgan his to the etiology and special pathology; Prof. Korndorfer outlines the differential diagnosis and prognosis, while Prof. Farrington treats of the therapeutical portion of the subject, and the work is most satisfactorily accomplished.

The following are some of the leading points of practical diagnostic importance:

"The topographical relation of the pancreas to the ductus choledochus is important from the fact that, under certain conditions, jaundice may arise, in any disease which results in either swelling or contraction of the gland substance.

"In order to examine the pancreas by a method employed by the author, and termed by him 'impulsion,' the patient should, if possible, stand upright, thus keeping the abdominal muscles more or less tense. Let the examiner, sitting to the right of the patient, place his left hand over the tenth and eleventh dorsal vertebrae, his right hand at the upper portion of the hypogastric region. Then by a strong and sudden push, made with the right hand upwards, and backwards, an impulse is

communicated through the abdomen to the pancreas, which, if the pancreas be unduly sensitive, will elicit an aching or bruised, sore feeling.

"Next, let the examiner, seated in front of the patient, place his right hand at the posterior border of the left lower lateral region of the thorax, at about the tenth to twelfth rib; then with his left hand placed at the anterior border of the right lumbar region, just below the position of the head of the pancreas, make strong impulsion upwards, backwards and towards the patient's left. If the pancreas be morbidly sensitive, a pain may be elicited similar in location and character to that before observed. In this position we have, as it were, the pancreas between our hands. The head being fixed in the curve of the duodenum, any strong impulse from right to left and backwards will disturb its position, or at least bring pressure to bear upon it far better than either palpation or percussion.

"*Acute Primary Pancreatitis*.—Among the most important symptoms of this rare form of disease we may mention colicky, or deep-seated dull pains, commencing in the epigastrium and shooting towards either the shoulder or the spine. This pain may in a short time become very intense, and may be accompanied by great restlessness; precordial anxiety; dyspnea; tendency to faint; nausea, eructations and vomiting of a thin, bile-stained fluid, which affords no relief; or the vomit may be of a clear or greenish, viscid fluid. Thirst is often present, though the tongue is moist. This moisture of the tongue is usually marked in pancreatic disease, standing in contrast with the dry tongue of inflammatory affections of other abdominal organs. The bowels are usually constipated; distention of the abdomen is not uncommon, and, when existing, interferes seriously with physical examination by palpation or percussion, but not to so great a degree with impulsion.

"The yellow tinge of the conjunctiva, or more fully developed jaundice, so characteristic of hepatitis, may also be found in acute pancreatitis when it is accompanied by much swelling of the gland, in cases where the ductus choledochus passes partially or mainly through the head of the pancreas. Swelling of the head of the pancreas, in such cases, causes closure of the duct, thus obstructing the flow of bile.

"In *chronic pancreatitis*, if the pancreas press upon the vena porta, thus interfering with the portal circulation, ascites may result; if on the inferior vena cava, oedema of the lower extremities; if on the duodenum, we may have symptoms of intestinal stenosis.

"Probably one of the most important symptoms of cancer of this organ is the intense and persistent pain, of a marked neuralgic type, deep in the epigastrium.

"If the patient be advanced in years, and of marked cachectic habit, suffers from a continuous pain in the epigastrium, and a tumor be found located in the same region, and, in addition, we have ground to exclude primary disease of the neighboring abdominal organs, we have fair reasons on which to diagnose cancer and to locate the disease in the pancreas.

"*Hæmorrhage* in the pancreas generally results in sudden, almost instantaneous death, therefore no time is allowed for diagnosis during life."

IS CONSUMPTION CONTAGIOUS? AND CAN IT BE TRANSMITTED BY MEANS OF FOOD? By Herbert C. Clapp, A.M., M.D., Prof. of the History and Methodology of Medicine, and Lecturer on Auscultation and Percussion in the Boston University School of Medicine; Physician to the Heart and Lungs Department of the College Dispensary, etc. Second edition. Boston: Otis Clapp & Son, 1882. Pp. 187, 8vo. Price 75 cents.

The ready sale which met the first edition of this work has induced the publishers to issue the second, and the author has added an appendix of ten pages, covering the discoveries of Prof. Koch. The work has met with general approval by the profession.

THE SCIENCE AND ART OF OBSTETRICS. By Sheldon Leavitt, M.D., Prof of Obstetrics and Clinical Midwifery in Hahnemann Medical College and Hospital, Chicago; author of "The Therapeutics of Obstetrics," etc., about 600 pp., royal octavo, 1883. Gross & Delbridge, Chicago.

We are in receipt of advance sheets, covering nearly one-half the text of this forthcoming book, which promises to be a text-book *par excellence*, as the matter appears to be concisely prepared and quite free from the theory and quotation which so often form the bulk of similar works. In other words, we may say that it is the *cadre mecum* of the department which it represents, and compares favorably with a similar work prepared by Prof. T. G. Thomas, for the use of his students.

A marked feature of the book is its divisions and subdivisions, by means of which the student will the more readily grasp and complete the study of each particular subject before entering upon another. This we consider an important point in a book of this character.

The illustrations embrace some two hundred and fifty figures of excellent design and execution; many of them are original, and some are drawn from life. These drawings are of inestimable value to the student of midwifery.

The diagnosis of positions and presentations by palpation and auscultation is well and fully illustrated, and the subject so perspicuously treated, that this bug-bear to the student is quite removed, so that the points stand out as clear as possible, and can be easily mastered.

The pelvic anatomy is so clearly and concisely stated, and so well illustrated, that the student is saved much labor in his attempt to memorize the points which are so absolutely necessary to a ground-work of this important subject.

The therapeutics are brief, yet explicit, the aim evidently having been to associate with particular conditions, remedies most likely to be indicated, and there has been no attempt at reiteration of *materia medica*—this subject having been already systematically treated by this author in a work issued some months since. The author evidently takes the view that obstetric procedures should mainly depend upon manual, instrumental and postural treatment rather than upon medicinal, although the sphere and efficacy of the latter are not lost sight of.

The aim of the author has evidently been to present a clear, dignified and creditable treatise on the subject, and as far as we have examined all important points seem to have been touched upon and the practical ones sufficiently elaborated.

The physical part of the work so far as we can judge will be faultless, as might be expected, the name of the publishers being sufficient guarantee in this particular.

This work must certainly become the text-book of our colleges, and it will also be found an excellent hand-book for the busy practitioner, because every important point of obstetric practice is so clearly stated and, from the arrangement, so readily found.

We congratulate the author on the success of his effort, the publishers on their opportunity to issue so worthy a book, and "Our School" on possessing the ability within itself, to make such an undertaking possible.

THE SANITARY ENGINEER, VOL. V. December to May.

For the first year and a half the *Sanitary Engineer* was published monthly; during the next two years and a half it appeared semi-monthly. With vol. V., and its fifth year the paper became a weekly.

As an authority upon matters relating to public health, drainage, water supply, ventilation, heating, lighting, its position is unquestioned, and neither time, trouble or money is spared to secure the ablest opinions upon subjects discussed, that are to be obtained. Each volume is carefully indexed, and the five volumes now published furnish one of the most invaluable reference books on matters appertaining to sanitation within the reach of laymen or expert. Its past guarantees its future.

A RATIONAL MATERIALISTIC DEFINITION OF INSANITY AND IMBECILITY, with the Medical Jurisprudence of Legal Criminality, Founded upon Physiological, Psychological and Clinical Observations. By Henry Howard, M.R.C.S., Eng., for the last twenty-two years connected with asylums for the treatment of the Insane; An Ex-President of the Montreal Medico-Chirurgical Society; Author of "Howard on the Anatomy, Physiology and Pathology of the Eye." Montreal: Dawson Bros., 1882, pp. 145, octavo.

The author holds, with the majority of scientists, that imbecility is a result of teratological defect; insanity, a result of pathological defect, and therefore classifies the primary monomania of the Germans with imbeciles as imbecility of the first grade, both being equally insane in the sense of the law, and the first part of his book is devoted to the elaboration of the subject in accordance with this principle.

The second part is devoted to "the medical jurisprudence of crime and insanity, criminal responsibility," and a full review of the cases of Hayvern and Guiteau is intelligently made, with the result of proving the insanity of both from the standpoint of the author, who is evidently in sympathy with Benedikt's deductions. The book is well worth perusal.

A TREATISE ON HUMAN PHYSIOLOGY. Designed for the use of Students and Practitioners of Medicine. By John C. Dalton, M.D., Professor of Physiology and Hygiene in the College of Physicians and Surgeons, New York, Member of the New York Academy of Medicine, of the New York Pathological Society, of the American Academy of Arts and Sciences, Boston, of the Biological Department of the Academy of Natural Sciences, Philadelphia, and of the National Academy of Sciences of the United States of America. Seventh edition with two hundred and fifty illustrations. Philadelphia: Henry C. Lea's Son & Co., 1882.

The text books on physiology, best known and most used by American students and physicians, are Dalton's, Foster's, and Flint's. Without entering at all upon a discussion of the relative merits of each, it may be said that one of these books is a compendium and diffuse, another very concise and somewhat difficult, while the third occupies a middle ground. If one were to confine himself to a single book, probably he would select Dalton's. There are changes in the present edition, and for the better. Typographically, the volume is a beautiful one. It is a book so good that its criticism falls to the lot of Dr. Dalton's peers.

THE INTERNATIONAL ENCYCLOPÆDIA OF SURGERY, a Systematic Treatise on the Theory and Practice of Surgery by various Authors of various Nations, edited by John Ashurst, Jr., M.D. Illustrated with Chromo-Lithographs and Wood Cuts, in six volumes. Vol. II. New York: William Wood & Co., 1882.

The second volume of the encyclopædia opens with articles on wounds, burns, abscesses and gangrene. Then follow elaborate articles upon the various venereal diseases—gonorrhoea, the simple venereal ulcer or chancre, syphilis, vegetations, etc.—and in the latter part of the volume is begun the consideration of ringworms and diseases of the various tissues of the body.

All of these articles are prepared by men each eminent in his special department, and treated in a scientific, practical and exhaustive manner. The illustrations are worthy of all praise, the articles on gunshot wounds being illustrated by cuts furnished by the Surgeon General of the U. S. Army and representing specimens contained in the unrivalled collection of the Army Medical Museum.

MEDICAL AND SURGICAL ASPECTS OF IN-KNEE (Genu Valgum): Its Relation to Rickets, its Prevention and its Treatment with and without Surgical Operation. By W. J. Little, M.D., F.R.C.P., Late Senior Physician to and Lecturer on Medicine at the London Hospital; Visiting Physician to the Infant Orphan Asylum at Warsted, the Earlswood Asylum for Idiots; Founder of the Royal Orthopaedic Hospital, etc., assisted by E. Muirhead Little, M.R.C.S. Illustrated by Upwards of Fifty Figures and Diagrams. London: Longmans, Green & Co. 1882. Pp 162. Octavo.

The present volume is an elaboration of the author's lectures upon this subject, which appeared in the *Lancet* a generation ago, with such additions as a long experience as a specialist would be likely to afford. The author asserts that these affections are "completely preventible by the commonest care of the medical man and parent," of course when attended to in time. He also says that the "deficiency of the external condylar parts of the femur and of the opposite articular surface of the tibia, demand the most consideration, whatever be the method of treatment employed."

The work is exceedingly elaborate in all its parts and is profusely illustrated.

A TREATISE ON ANTISEPTIC MEDICATION, OR DÉCLAT'S METHOD. By Nicho. Francis Cooke, M.D. LL.D., Emeritus Professor of Special Pathology and Diagnosis in the Hahnemann Medical College and Hospital of Chicago. Gross & Delbridge, Chicago, 1882. Pp. 128, 12mo. Price, \$1.

This little work gives us a concise, though sufficiently complete description of the subject of which it treats, is well illustrated by clinical cases, and is written in the style of an enthusiast. Any one who contemplates the practice of this method, or who desires to keep abreast the times in therapeutic means, must not fail to read this book, which will be found to contain all the requisites to an intelligent practice in the various affections in which the method has thus far been employed. The physical part of the work is in excellent taste.

The *Century* magazine for October closes the first year under its new name and the contents are unusually varied and interesting. In its "Topics of the Time" there is a bold demand for reform in the manner of conducting funerals which deserve consideration, and from which we excerpt as follows:

"No scientific discoveries have been made in our generation of greater importance than those of M. Pasteur, who finds that microscopic forms of life exist especially in dead bodies; that they work their way up through the soil to the surface, are taken into the intestines of grazing cattle or are distributed by the winds, and so, it would seem probable, propagate a whole school of disease—such as small-pox, scarlatina, typhoid and typhus fevers, diphtheria, tubercular consumption, pneumonia, erysipelas, etc., etc., and perhaps yellow fever. M. Pasteur mentions the splenic fever which prevails in France and other countries of Europe, and which annually destroys thousands of cattle and sheep. In one such case he discovered that an epidemic of this disease was followed after some years by its fresh outbreak among cattle that had been grazing in fields where, previously, victims of the same disease had been buried under the pastures. The little bacteria had worked their way from the buried carcasses to the surface, and were found in swarms in the intestines of earth worms gathered there.

It ought to be the business of scientific people to show the relation of these facts—if they can be accepted as facts—to our present method of disposing of the dead.

Indeed the whole matter of our burial customs is one which urgently needs revision. The dwellers in proximity to graveyards who have been poisoned by their drainage, include a vast multitude whose number has never been reckoned."

THE *North American Review* for October opens with an article on "The Coming Revolution in England," by H. M. Hyndman. O. B. Frothingham writes of "The Objectionable in Literature." Dr. Henry Schliemann tells the interesting story of one year's "Discoveries at Troy." Prof. George L. Vose contributes an article of exceptional value on "Safety in Railway Travel;" and Prof. Charles S. Sargent, contributes an instructive essay on "The Protection of Forests."

CORRESPONDENCE.

VINELAND, N. J., AS A HEALTH RESORT.

Messrs. EDITORS:—Vineland is located in Cumberland County, N. J., in lat. 39°, 38' north, thirty miles from the Atlantic Ocean on the east, and twenty miles from Delaware Bay on the southwest, while its elevation above tide water is but one hundred and ten feet. The winter gales of the Atlantic are temperate to an almost tropical softness by the Gulf Stream, and thus toned to the needs of the most delicate organizations. The heat of the summer sun is cooled to endurance and comfort by the ever-rising vapors of ocean and bay, and day or night cooling breezes prevail. The town is located far enough from the coast to escape the raw, penetrating fogs, and the term temperate will apply to Vineland more aptly than to any point on the coast.

One striking evidence of this temperate condition is, the farmers are enabled to plough all through the winter. The soil is essentially a dry one. The rainfall is quickly absorbed, and that most potent breeder of malaria, "standing water," is unknown. For all the fruits of its soil are more varied than in any equal acreage in the United States, and possess a flavor peculiarly delicious. Grapes, melons, pears, peaches, etc., grow in abundance, and Vineland has been justly termed the home of the strawberry, which attains a perfection in size and flavor found nowhere else.

The streams are all swift-running upon beds of pure white sand. The wells reach to an average depth of thirty feet and the water is as pure as it is possible to be and soft enough for the same uses as rain water, just as it comes from the well. Percolating through white sand and a substratum of calcareous matter, it is palatable to the sick and can be drunk with impunity. It is cold without ice in the hottest weather. That it is curative in many forms of kidney complaints has often been proved and in the most aggravated forms of dyspepsia can be retained in the stomach without discomfort from gastric disturbances.

Miasma is unknown, owing to the absence of stagnant water and an endemic case of intermittent fever has not been heard of.

The diseases readily benefited by residence in Vineland are all forms of pulmonary, bronchial and gastric complaints. Rheumatism is quickly benefited and the whole list of so-called female complaints succumb to the effects of the climate after a short sojourn. Asthma one might say, is specifically benefited and many of the citizens of the place are restored asthmatics. Brain fog is another condition that is quickly relieved. The climatic conditions are such that an out-door life is possible to the most debilitated, and in that is found one important element of benefit.

Good board may be had for \$5 and the best for \$10 per week. The place can be reached by the New Jersey Southern R. R. in five hours and by the way of Philadelphia in about seven hours.

The transactions of the Sydenham Medical Society have furnished me valuable information for this article.

DR. J. G. PIERSON.

OUR LONDON LETTER.

MESSEURS, EDITORS:—Antiseptic surgery has scored a point in Edinburgh in the appointment of Dr. John Chiene to the chair of Professor of Surgery of the University, rendered vacant by the death of the late Prof. Spence. The latter stood out long, and, I believe, to the end, against the new-fangled notion, as he considered it; and, as a matter of fact, his results went not a little way to bear out the stand he took up. However, the heterodoxy of a few years ago has become the orthodoxy of to-day, and an ardent disciple of Lister now fills the post of the late chief pillar of the old system in his university.

There are not wanting signs, however, that a reaction is setting in. I was the other day conversing with an eminent provincial practitioner of the old school, who had lately come in contact with the mind of young Edinburgh in the person of a junior partner, a recent distinguished graduate of that school. He was not a little amused with his unbounded faith in antiseptics; but in comparing results in the case of scalp wounds, the new method was far behind the old simple one. It seems as if the new generation were only taught the antiseptic method, and never got the opportunity of comparing it with any other; and certain it is very many cases do far better without *carbolic acid* poisoning than with it. Still, for the great majority, King Routine must rule, and the demand for *carbolic acid* is therefore not likely soon to fail.

The British Medical Association is fifty years old. It has just held its jubilee meeting at Worcester, where it first was formed. It appears to have been a very festive gathering, and all appear to have been greatly pleased with themselves, but to outsiders like ourselves there does not seem to be great cause for jubilation.

Of course, homoeopathy came up for consideration. After all of the fuss of the last twelve months it was necessary to decide two things: (1) Whether or not homoeopaths were to be admitted to membership, and (2) whether or not those homoeopaths already members were to be turned out. The Report recommended that by all manner of means homoeopaths should be kept out, but it did not recommend that those already members, or that those who should become "perverts," should be turned out. An amendment was proposed by a Mr. Nelson Hardy, of London, that the avowal of belief in homoeopathy should, *ipso facto*, cancel membership. This was lost by a large majority. But let not your readers imagine this indicates gleams of a liberal spirit. Here is a sample of the "friends" of homoeopathy in the Association, if I may so term those who rejected the amendment. Mr. Husband (Bournemouth) was strongly opposed to homoeopathy, but such a crusade would only give the men expelled the very notoriety they desired.

"They would go to a court of law with their grievances; and it should be remembered that the Lord Chief Justice was at the head of the antivivisectionists, and, for aught he knew, was a homoeopath. Every effort should be made to keep out homoeopaths, but if they accidentally became members, or turned homoeopaths after admission, no good would come of appearing to persecute them." And, be it said with shame, there was not found a man among them to protest against that foul aspersion cast on the judicial bench of England. For aught I know the Lord Chief Justice is not a homoeopath, but his judgments are before the world. Mr. Husband has pretty accurately measured himself in the idea he has let slip of what justice is in others, and he has given us a fine sample of the pure, untainted atmosphere to be found in the Association in which such as he are welcomed with open arms, where a Drysdale, a Hughes or a Dudgeon might seek admission in vain!

The President's address was chiefly remarkable for three things—the unintentional suggestion of a new name for the *Lancet*, the enunciation of a new Christian virtue, and the proposal to establish a high court of

(medical) equity and ethics. The suggested new name for the *Lancet* of the *Polecat*, to which animal he likened that journal, strikes everyone as admirably appropriate. Having in its early days made it very unpleasant for what may be termed the vermin of the schools and colleges, that journal has in its late days spread such an unpleasant odor all round itself that decent things are afraid to touch it, on the principle that you can't handle pitch without being defiled, and has done its spiteful best to drive out liberty and truth from the body medical.

Then for the new Christian virtue, Dr. Strange (of Worcester, the President), reviewing the past fifty years, says, "I think I have established our claim to two great Christian virtues—viz., true liberty, and charity or love," (vide *Med. Times and Gazette*, Aug. 12, 1882). This may astonish your readers—not less the claim made for the association, after considering the report, than the claim made for "liberty" itself. Who ever heard before that liberty was a virtue? But here it is, on no less authority than that of the President of the British Medical Association, nay, a great Christian virtue, and so we are bound to submit, and congratulate ourselves on the discovery!

The third interesting feature of the presidential address was the proposal to establish "A High Court of Equity and Ethics" (of course medical equity and medical ethics), "before which all important questions affecting professional honor and conduct may be brought up for judgment." This would indeed be a most interesting tribunal. Of course Mr. Husband (of Bournemouth) would be at the head of it, and would see that all the great Christian virtues were properly regarded. He has given us his ideas of justice, and they appear to suit admirably those of the association from which Dr. Strange proposes to form his 'court.'

The address of Dr. Wade (of Birmingham), in the section of medicine, was thoughtful and not without interest. It is difficult, however, to understand—apart from "medical ethics" which explain many anomalies—how, after allowing that Hahnemann was the first to demonstrate the danger of blood-letting, he gives all the credit of it to Marshall Hall, because he performed a few vivisections, which could not possibly have proved it. It seems in medicine that the man who discovers anything is nothing, but only he who makes vivisections more or less remotely connected with the discovery—he is your true discoverer! Again it is difficult to understand how Dr. Wade can be a party to the exclusion of his professional brethren on the score of their belief from membership of the association when he holds views like this: "Disguise or dislike it as we may, it is not the less certain that in the treatment of disease, we have no firmer basis than the doctrine of probabilities. * * * In medicine we have, in an ordinary way, to deal with some things which are highly probable, some fairly probable, some slightly probable and some improbable, some only just possible, but with nothing absolutely certain, and nothing absolutely impossible." It is difficult, I say, to reconcile all this with the action of the association on the report. But perhaps this is medical equity, of the mysteries of which we outsiders are (and let us hope will always be) in happy ignorance.

Yours fraternally,

JOHN H. CLARKE, M.D.

15 ST. GEORGE'S TERRACE,
GLOUCESTER ROAD, S. W., Aug. 17, 1882.

"ON THE RAMPAGE, PIP!"

MESSEURS, EDITORS:—The logic of high dilutionism is well illustrated in Dr. Samuel A. Jones' article, as above entitled, in the last number of the *TIMES*. The doctor, with a pyrotechnic display of italics, quotation marks, and marks of astonishment, declares that "all hell plus a great gross of Milwaukee tests" can never knock out of him a somewhat learned from a certain experience.

Interpreted into the vernacular, I take it, his declaration means that scientific tests cannot, or rather shall not, rob him of his faith that the cure of choreic symptoms in a girl was wrought by the 18th centesimal dilution of *rhododendron*; the remedy preserving its identity and accomplishing the cure, despite the fact of the alcoholic diluent being strongly tinctured with *cologne*.

The case seems absolutely overwhelming to the narrator; how does it appear to one free from the spell of dynamization, and therefore able to look at it with a little of the method of the despised Milwaukee test? The first question that suggests itself is how is one to know that the *rhododendron* contained in the mixtures produced the effect, rather than the *cologne*, which was present in the dose in untold million times greater quantity? Can one be sure in any particular case of mild choreic symptoms, or in one of hysteria, that the prescribed medicine produces the relief, instead of the mere taking at stated intervals of the specified dose? Might not the doctor's manner in laying down his directions be the curative agent in such a case? In this case might it not have been that the patient being strongly impressed that the *cologne* medicine would relieve her, relief followed by virtue of that impression? Would the abrupt disappearance, in one case, of mild choreic symptoms in a girl, furnish very positive evidence of the action of the medicine given, even though the medicine was definite and tangible in quantity?

And so this case, that beats "Hell and the Milwaukee test," is but another of the same old sort, by which anything in therapeutics may be proven. The evidence is just as strong, because just the same, proving that diphtheria is curable by the twenty millionth potency of *lac. caninum*.

Some time since this experience was mine: a 14 years old boy was brought to me in the forlorn hope of being cured of enuresis. His mother said that he had not passed a night since he was a baby without wetting the bed. An examination revealed no phimosis or prepuce adhesion. After discussing the situation I asked the mother to call in a few days and I would determine the medicine to be given. In two weeks she reported that since I had examined him he had not once wet the bed. I therefore did not prescribe. In a month the report was no recurrence of the trouble, and to this day (about two years) the boy has been well.

The local examination annoyed the boy very much, and I presume therein laid the cure, through the psychological impression.

Suppose I had been a victim of the potency delusion, and had prescribed say a single dose of the 18th centesimal potency of *rhododendron*, would not "all Hell plus a great gross of Milwaukee tests" have been unable to shake my faith that the alleged medicine made the marvelous cure?

Moral: don't swear.

J. W. ROUTH.

ST. PAUL, MINN., Sept. 9, 1892.

MESSRS. EDITORS:—In Dr. H. D. Paine's biographical tribute to the memory of Dr. Gray, as published in many medical journals, mention is made of a certain "Mr. Milsey, a New York merchant," by whose means it is said that Gray's serious attention was first directed to Homeopathy. In reality, the person referred to under this appellation was no other than the late Dr. Ferdinand L. Wilsey, a successful practitioner in your city some twenty-five years ago, and a most excellent and amiable man. If his name is to be handed down to posterity in connection with the early history of homeopathy in America, he certainly deserved that it should be correctly recorded, and I, therefore, indulge the hope that room may be found in your columns for this communication from one who knew him well.

BROOKLYN, Sept., 1892.

G. L. F.

"DR. WINSLOW'S ERROR" AGAIN.

MESSRS. EDITORS:—In this month's *Hahnemannian* I perceive that Dr. Winslow attempts an answer to my recent comments upon certain statements of his in an article entitled "The Impending Crisis." He pleads that in said article he "emphasized the necessity particularly of British licentiates and physicians calling upon surgeons." The reference, he says, to surgeons calling upon physicians "was incidental and not elaborated," as he "supposed the average mind would understand that he meant surgeons practicing their specialty."

Now the subject matter of my remarks was embraced in some very explicit assertions of Dr. Winslow's, which I quote over again in order to show that I presented his views with absolute fairness: "Men graduate and practice there (in England) exclusively as surgeons or exclusively as physicians—though exceptionally as both. Consultations there are very frequent and very necessary. The licentiate must call a physician in grave cases. The licentiate and physician must both call a surgeon for surgical operations; the surgeon must, in turn, call upon the physician in non-surgical cases. Such is the law, and in that country laws are generally enforced." In these sentences (which, it is obvious, I had a perfect right to consider by themselves) there is no emphasis whatever laid upon the case of physicians and licentiates, as distinguished from that of surgeons. On the contrary, Dr. Winslow places them both together, and represents the universal British profession as involved in a constant and inextricable snarl of reciprocal consultations, which would inevitably result in blocking the wheels of practice over the greater part of that unhappy country. "The licentiate must call upon the physician in grave cases." Fancy Richard Hughes, L.R.C.P.E., ex-president of the International Homoeopathic Congress and editor of the *British Journal of Homoeopathy*, compelled to turn over his patients to a full fledged M.D., no matter how young and inexperienced, as soon as they begin to be seriously ill! "The surgeon" (all surgeons, that is, for Dr. Winslow has just told us that, as a rule, they are nothing else) "must call upon the physician in non-surgical cases." Think of an M.R.C.S. being forbidden to conduct an artisan or laboring man through a dangerous sickness without the aid of a consulting physician at five dollars a visit! This is what I called "a most inaccurate representation," and I submit that I was fully justified in doing so. In fact, Dr. Winslow himself evidently came to perceive this, after reading my communication, and, as a result, in his September letter, he backs clear out of the extreme assertions of his July article, and confines himself to the following propositions—which I beg your readers to compare with the first quotation in this paragraph: "It is a law of England that *licentiates* shall call surgeons for surgical operations. It is a law that *physicians* shall call surgeons for surgical operations. It is therefore a *law* (not a custom) that *many practitioners* shall call surgeons in surgical operations."

This is, literally, a correct statement; but, as here put, it is decidedly a misleading one. Dr. Winslow, of course, means us to infer that in England a much larger number of practitioners, in comparison with the whole body of the profession, are obliged to "call in surgeons for surgical operations," than are obliged to do the same thing here. In proof that this is *not* the case, I refer him to an editorial article in the August number of the *Monthly Homoeopathic Review*, conducted by Drs. Pope and Dyce Brown, in which the writer, commenting on some proposed changes in the mode of conferring English medical degrees, says: "It is quite true that some examinations are imperfect; that one body only examines in medicine, and another only in surgery; but, as a matter of fact, how few there are who enter on practice without a qualification in both branches of the profession! What is more important; how few appointments are open to any who do so!"

Now Dr. Winslow, I presume, will hardly contend that there are not, at least, a few American doctors who have to "call on surgeons in surgical cases." Clearly, then, "the relations between medical men" in England are, upon the whole, just about what they are in this country, and consequently, "an ordinary familiarity with logic" compels me to declare that Dr. Winslow's argument against "American homeopaths consulting with allopathic M.D.'s" falls to the ground. It follows, in the same way, that, whatever may have caused "the agitation in Great Britain which culminated in a modification of medical ethics," the New York physicians who brought about a similar "revolution" in their State code, understood their own situation and its requirements, in all probability, quite as well as these are understood by Dr. Winslow. And are not necessarily in such intimate rapport with their transatlantic brethren as he would have us suppose. His theory, indeed, that a peculiar bond of sympathy exists between the allopaths of this city and those of England—so that any excitement prevailing among the latter can have influenced the former (as if they were a set of hypnotized subjects) to abrogate their oldest and most cherished ordinances, without any good reason for doing so—is, I think, as little complimentary to "the American profession" as the opinion which Dr. Winslow pretends that I expressed respecting their qualifications.

Dr. W.'s attempts at sarcasm perhaps hardly require to be noticed. One of them, however, is embodied in what I am forced to regard as a highly characteristic utterance, and hence calling for remark. "*Veritas*," says my adversary, "has been confused by his eagerness to exhibit his *nom de plume*." It is the opinion, then, of this Doctor of Medicine and of Philosophy, that an earnest desire to present the truth may have an injurious effect upon the faculties of a writer! No wonder that, throughout his letter, he has evinced such a contemptuous disregard for every one of the troublesome facts that told against his argument! Those, however, who have followed the course of this controversy can best decide whether a frank acknowledgment of error might not have done more toward preserving the clearness of his mental vision.

VERITAS.

A PATHOLOGICAL PFUSHER.

"There is such a thing as man endeavoring to persuade himself, and endeavoring to persuade others, that he knows about things, when he does not know more than the outside skin of them; and he goes flourishing about with them."—*Carlyle, Rectorial Address.*

As a candle to a moth so is 'pathology' to an "International"—it sings him! He then, with burnt wings, buzzes noisier than ever, inviting the friendly foot that shall at once extinguish his noise and him.

In this dire predicament do we find an "International," buzzing most noisily, in the *Medical Counselor* for August 15th.

Hear him:

"This writer, as do all of his kind, must take it for granted, assumes, that those who prescribe for disease from the 'totality of the symptoms,' do so without a knowledge of those symptoms; how else could they be charged with a total or a partial ignorance of pathology? What, when a knowledge of pathology can only be had through a knowledge of the symptoms, where a correct diagnosis must be predicated upon the completest apprehension of the symptoms, both objective and subjective, and when too the requirements of our system are so imperative and so explicit as to a full cognition of all the symptoms of every kind, and of every degree, and when too the provings of the doings of our materia medica have been made with the same particularity and with the same comprehensiveness?"

And again:

"If a thorough knowledge of the symptoms of any given case does not bring with it a knowledge of its

pathology to the competent physician, I am at a loss to know how else, or how otherwise, that knowledge would be acquired."

And again, with more obstreperous buzzing:

"If the symptoms in their totality do not reveal the pathological state, pray tell us what does."

And, lastly, this buzz triumphant:

"The genuine pathologist makes no diagnostic blunders, while the posological subscriber is ever liable to them."

Was ever such superlative woodenness put into type? "If the symptoms in their totality do not REVEAL the pathological state, pray tell us what does." And this creature is an "M.D.," a homeopathist, and, Heaven bless the mark! an "International!"

But this writer has long had a mental diabetes insipidus—a very profuse flow and an exceedingly watery. It would invoke pity were he not so vain of it. As for curing him, "the pathological state" of the floor of his fourth ventricle forbids hope; we must put up with his incontinent insipidity patiently, being thankful that his infinite drizzle has no residuum, and will of itself evaporate.

What must be the 'practice' of such an one? We offer a bit of his experience as an aid to an estimation of it.

Not so many years ago he was called to see a middle-aged married woman whom he found in the throes of most atrocious agony. Now, be it known, "the genuine pathologist makes no diagnostic blunders," and our hero then and there diagnosed "dry cholera." All his remedies were of no avail, and he called in a fellow-"International." As "the symptoms in their totality REVEAL the pathological state," of course "dry cholera," was then and there 'revealed' to "International" No. 2.

The woman quickly died, and the post mortem examination revealed diffuse peritonitis, a tubal pregnancy, and a foetus discharged into the abdominal cavity.

To day such an one has the effrontery to sit in his office and write upon pathology!

A fiery indignation consumes one's righteous scorn into ashes, and even when the flame is spent the ashes glow with contempt unutterable.

Where, in God's name where, can such things find a place save in a society of "Internationals?"

If even such things steal into our Colleges what must the outcome be? With such things in our Colleges what must our end be, and how long deferred?

Nothing sweeps so clean as the besom of righteous wrath in the hands of an outraged people. Come quickly O God-sent besom and leave not a sign of our shame behind!

S. A. JONES.

ANN ARBOR, Aug. 19, 1882.

A NOVEL REQUEST.

MESSRS. EDITORS:—As much has been said recently in regard to the improvement in medical education, the recent developments in medical science, etc., etc., I thought I would give you a *verbatim* copy of a letter written to Mr. P. T. Barnum, which contains at least an original, if not valuable idea, that may be interesting to those who take a special interest in the subject of propagation:

"MR. P. T. BARNUM, Great American Benefactor.

"Dear Sir,—I read your life up to 1871. Now I will proceed to the point. Mr. Barnum, by reading your life I see that you try to benefit others as well as yourself, so I address this to you hoping you will try and do me the favor which I humbly ask of you, and God on high will reward you, for I cannot. Now, my request is this, I wish you would send me a picture of Miss Jennie Linn, and if you have not got any to spare, if you would be just kind enough to lend me one for three or four months that will do.

"Now I tell you this in all confidence. My wife is in the family way, and we want to have a girl child and we both want a fine singer. We both are very fond of music, so we want our child so. I believe in the wife being able to transmit expression to the child, and if we could get a good picture of Miss Linn she might be able in a small degree to transmit to our child, which we expect to have in June next. We do not expect to produce such a fine singer as Miss Linn was, but so we can have a good singer we will be satisfied. We are both young yet, about 25, and it will do no harm to try the above.

"Mr. Barnum, if you will but let me know what you can do for me in regard to the above. Now I will tell you how I am situated. I am a mechanic and have got about \$500 in property and that is all. Now please let me know how much it will cost me if you lend me a picture, or if you have a good photograph to sell, as I am not able to pay much, so I want to know the cost, and if I can raise the money I will get the picture for a good purpose. Now I leave it all to your generosity in regard to what you will charge. I do not ask it for nothing. I am willing to pay all I can to obtain the desired result. Now I leave the above all with you and hope I will hear from you in the next 10 days, as I will try and get a picture of some one else if I cannot get one from you. Do you know where I could get one, if not Jennie Linn's some other noted songster (Miss Nillion for instance)?"

"I remain yours very respectfully."

This individual certainly has faith enough for several mustard seeds, and should be rewarded. I have been entertained recently by the stories of a pigeon fancier who can breed his carriers to any size, color or condition he chooses, but I must say that making singers to order is new to me. If any should try this I hope they will publish the results in the TIMES.

Very truly yours,
W. P. COLE.

BRIDGEPORT, CONN., Aug. 25, 1882.

SOCIETY REPORTS.

HOMOEOPATHIC MEDICAL SOCIETY OF PENN.*

The eighteenth annual session of the Homoeopathic Medical Society of Pennsylvania was held in Altoona, commencing September 5th—the president, John C. Morgan, M.D., of Philadelphia, in the chair—with a good attendance.

The President's address was listened to with great pleasure and received a vote of thanks.

Dr. L. H. Willard, chairman of the Committee on Legislation, made a report urging a more energetic effort to secure legislative recognition and favorable governmental action for our public and State institutions. The report also favors a State or national examining board as a preliminary to the granting of medical diplomas, and the establishment of a State board of health. It considers the present registration law ineffective and useless.

The report of the Historical Committee was presented, including a synoptical paper by Dr. R. J. McClatchey.

The report of the Bureau of Organization, Registration and Statistics was presented by the chairman, Dr. R. E. Caruthers. The Philadelphia society urged action to secure a State homoeopathic hospital for the insane.

The Bureau of Ophthalmology and Otology reported through Dr. B. W. James, acting chairman in the absence of Dr. J. E. Jones, the following papers, viz: "Testing Refraction and Selecting Spectacles," by W. H. Bigler, M.D., of Philadelphia; "Rapid Loss of Sight in One Eye," by Joseph E. Jones, M.D., of West Chester; "The Cystotome in the Removal of Foreign

Bodies from the Cornea," by W. H. Bigler, M.D.; "The Mechanical Treatment of Glaucoma," by Horace F. Ivins, M.D., of Philadelphia.

Dr. James had seen cases of sudden loss of vision as described in Dr. Jones' paper, due to hemorrhage in the retina. He mentioned a case of the kind in which gradual restoration followed. Mere temporary loss of vision from overaction is quite a different matter: it is simply an anæsthesia. Rest must of course be insisted on in all such cases. Dr. James then described a modification of Dr. Walker's cyclotomy, which had given him quite satisfactory results in a number of cases. He always keeps the patient in bed one week after the operation. He considered it much the superior of iridectomy and believes it will eventually supersede the latter operation.

Dr. M. J. Buck did not think it necessary to use the fixation forceps in the removal of foreign bodies from the cornea.

The Bureau of Obstetrics, Dr. M. M. Walker, chairman, presented its report, which embraced the following papers: "The post partum use of medicated injections," by R. J. McClatchey, M.D.; "Chloroform in labor, under what circumstances and how to be used," by J. H. Marsden M.D.; "Phlegmasia alba dolens," by C. Van Artsdalen, M.D.; "Promotion of labor by homoeopathic remedies," by H. N. Guernsey, M.D.; "Birth time in each twenty-four hours," by M. M. Walker, M.D.; "Treatment of the mammae and nipples and the prevention of mammary abscess," by C. T. Canfield, M.D.

The report on obstetrics being open for discussion, Dr. Willard said he always uses *chloroform* in cases of labor in which he considers it needful. Three cases were pushed to entire insensibility. No untoward results of any kind had showed themselves. He administered it in full strength. He might possibly be induced to administer the drug in eclampsia even when dependent upon albuminuria, but he had no experience of such a character and would exercise extreme care.

Dr. B. W. James invited attention to the fact that *chloroform* produces its fatal effects sometimes long before its use has been pushed to the verge of insensibility.

Dr. B. Frank Betts held that there are certain classes of cases in which *chloroform* may be used with great advantage.

Dr. J. C. Burgher referred to the different admixtures of *chloroform* with *ether*, alcohol, etc. He thinks there is too much uncertainty regarding the chemical results of such admixtures, to make them reliable.

Dr. Hugh Pitcairn related an instance in which he had used a mixture of *chloroform*, three parts, *ether* two parts, alcohol one part. He had no bad effects and since that time he had administered the same preparation in probably one-third of his cases, with uniform success.

Dr. D. M. Graham preferred *chloral* or *potassium bromide*, or equal parts of the two drugs, given in small doses, and repeated at short intervals.

Dr. Maria N. Johnson for the past five years of her practice had resorted entirely to the use of homoeopathic remedies, with results satisfactory to herself. Her chief remedies are: *belladonna*, *gelsemium*, *cimicifuga* and *chamomilla*.

Dr. Pemberton Dudley said he wished to recall attention to the dangers of anæsthetics in the presence of renal diseases, and to the fact that it is as easy to miss the detection of Bright's disease as of cardiac degeneration, as all experience proves. Under such a state of affairs he thought it wise and proper to use other measures than anæsthetics, other things being equal. He had seen results from what we call homoeopathic remedies, which could be characterized as simply "magical"—results which he himself could not credit had he not been an eye-witness to their occurrence. *Cimicifuga*, *caulophyllum*, *gelsemium*, *belladonna*, etc., were cited with indications and results.

* Reported for the *Morning Tribune* of Altoona, by Pemberton Dudley, M.D.

Dr. W. D. Hall has never yet used *chloroform* in an obstetrical case. He could fully corroborate the statements of Dr. Graham respecting the excellent effects of *chloral*.

Dr. Buck thought the fatality of *chloroform* was greatly underestimated in America.

Dr. Dinsmore used *ether* alone, as he was situated where he could not readily summon counsel.

Dr. Burgher desired, ere the discussion closed, to decry the use of medicated injections to prevent septic consequences in the parturient state.

Dr. Walker cited authorities showing that notwithstanding the vast number of cases in which anesthesia had been used there had been very, very few cases in which untoward results had been experienced. He also referred to Dr. Bonwill's method of rapid breathing as a pain obtunder. Dr. Walker also spoke unfavorably of the medicated injections in child-bed.

Dr. Maria N. Johnson had employed the "rapid breathing" in her own person in the extraction of a tooth, and with very agreeable results. Since then she had practiced it in obstetrical cases with similar results. Her use of medicated injections had been limited to one case, in which the results had proved unfavorable.

Dr. Betts said he had only used *chloroform* in special cases, as for instance in convulsions or in other cases in which promptness is indicated. He administered it very gradually at first, and always begins its use at the onset of pain. As to medicated injections, he had enjoyed experiences with them which he considered valuable.

Dr. J. F. Cooper also favored the use of *chloroform* in special cases, giving it during the contractions only. He found the pain to be reduced, and the excitement quieted.

President Morgan in *chloroform* narcosis, cited Nelaton's inversion method, and recommended the application of vinegar to the tongue as a means of exciting respiration.

SECOND DAY.—MORNING SESSION.

The Bureau of Sanitary Science presented its report, including papers on "The Relations of Modern Civilization to Infantile Mortality," by Pemberton Dudley, M.D.

Hygiene of the lying-in chamber by J. F. Cooper, M.D.

Dr. Cooper, in discussing his subject, recommended the free but careful use of warm or cool water to prevent fissures or ulceration of the nipples. When changes of position cause pain or discomfort, it is a hint to keep the patient quiet. He rather favored ligation of the funis, though, of course, it is not always absolutely necessary.

Dr. B. W. James thought it was not safe to leave the house without first ligating the funis, as a precaution against possible secondary hemorrhage. He desired to call attention to the imperfection of the records on which Dr. Dudley's statistical paper is based. He spoke in severe terms of the neglect of plain sanitary laws at our popular health resorts. He did not think drunkenness the cause of our high infantile death-rate. The miserable tenement house system ought to be abolished by law.

Dr. Willard, in answer to a question of the chair, said that syphilis runs a course among sailors precisely similar to that among landmen.

Dr. Dudley called attention to the fact that the accumulation of refuse matter at seaside resorts is limited in its duration.

Dr. D. M. Graham thought that heredity had much to do with infant mortality, particularly caused by the low grade of health in the mother. He referred also to Dr. Cooper's paper and joined him in urging the judicious use of the bandage as a hygienic measure. He had used a hot water application to the cardiac region to restore patients from syncope.

Dr. Dudley described a bandage for the lying-in patient, adapted nicely to the form.

Dr. James still believes that the control of building operations by statute would do much to prevent the overcrowding of our communities. He then described the sanitary management of Atlantic City, Asbury Park and other places, and compared their merits. He replied to the chair relative to the utilization of seaside sewage, and described the methods employed in certain European cities.

Dr. M. N. Johnson described a bandage used in her practice which simply supports only the lowest portions of the abdomen and avoids pressure across the abdominal region. As to hemorrhages, she urged the homœopathic remedy as the most valuable resource. She uses hot water on the abdomen and on the hands to restore syncope; administers egg-nogg even in large quantities in the excessive prostration succeeding some labors.

Dr. Cooper said that when the milk secretion is small, repeated and energetic suction by the child will sometimes induce chafing and cracking of the nipples, or mastitis, and should be carefully guarded against.

AFTERNOON SESSION.

The Bureau of Surgery presented its report, through Dr. L. H. Willard, of Allegheny. The report embracing the following papers:

"Artificial Urethra," by M. J. Buck, M.D.; "Treatment of Anthrax," by Joseph E. Jones, M.D.; "Cases Treated in the Pittsburgh Hospital," by W. R. Childs, M.D.; "Nerve Stretching and Neurectomy," by L. H. Willard, M.D.; "Penetrating Wound of the Bladder," by L. H. Willard, M.D.

Dr. Buck mentioned a case of fistula healed by the use of the bougie. Also a case of inferior dental neuralgia in which the symptoms indicated *china*, which rapidly and permanently cured the case. A case of sciatica of six years' standing had yielded to the influence of *silica*.

Dr. Hugh Pitcairn reported a case of right supra-orbital neuralgia of an intermittent character, of long-standing, which *pulsatilla*, in a high potency, cured promptly and permanently.

Drs. Buck and Morgan suggested that where supra-orbital neuralgia is due to a periostitis of the edge of the foramen, the excision of a portion of the bony structure might effect a permanent cure.

Dr. Dinsmore, of Sharpsburgh, described a case of supra-orbital neuralgia, where the patient had received a blow over the supra-orbital notch or foramen, leaving a cicatrix. As the man was intoxicated he could get no symptom but pain, but gave *spig.*, third, with complete cure.

Dr. J. W. Allen said in cases of sciatic neuralgia a tubercular diathesis is often the cause, and should be taken into account.

Dr. John K. Lee gave some favorable results from *antimon. tart.* in sciatica.

Dr. Hugh Pitcairn described a case in which after all treatment failed, the electric current promptly relieved temporarily.

Dr. Caruthers described a somewhat similar neuralgic affection in the crural nerve. Subsequently a post-mortem revealed a reddened and slightly enlarged condition of the nerve.

Dr. Walker cited an interesting case cured by *kali bi*.

The report of the Bureau of Pædology was presented by Dr. J. W. Allen, including the following papers:

"Intertrigo," by W. Jefferson Guernsey, M.D.; "Cholera Infantum," by the Lehigh Valley Homœopathic Medical Society; "Clinical Cases," by T. M. Strong, M.D.; "Brain Trouble in Infants—Magnesia Phos.," by John C. Morgan, M.D.

Dr. W. J. Martin named as additional remedies *laurocerasus*, *podophyllum*, *gummi gutta* and others. He

directed attention also to some of the artificial foods in the market, particularly Mellin's and Nestle's foods.

Dr. Walker described a case of cholera infantum in which *podophyllum*, warm baths at a temperature of about 100° repeated three times a day, and afterwards *calcearea phos.* gave excellent results. The food which seemed to serve the best purpose was Canfield's condensed milk.

Dr. Cooper complained that the condensed milk he used at Dr. Guernsey's suggestion had such a metallic taste that he felt constrained to discontinue it.

Dr. Dudley urged the physiological necessity for variation of diet in all cases in which artificial feeding is resorted to.

Dr. Cooper said about twenty per cent. of the babies will thrive on condensed milk after a certain age. When the caseous portion of the milk passes undigested, milk should be withheld altogether. It occasionally is beneficial to allow a child, suffering with diarrhoea, to suck a piece of bacon.

Dr. J. K. Lee reported satisfactory results from condensed milk. He mentioned a case in which the milk of a young cow had been effected by the "rag-weed" in the pasture and had sickened a child fed upon the milk.

EVENING SESSION.

The Bureau of Clinical Medicine presented the following papers:

"Diphtheritic Croup," by the Allegheny County Medical Society; "Case of Membranous Croup," by W. J. Martin, M.D.; "Small-pox and Vaccination," by J. H. Marsden, M.D.; "Aconite in Backache," by W. J. Martin, M.D.; "Diphtheria—thirty-eight successful cases," by E. C. Parsons, M.D.; "Constipation," by H. N. Martin, M.D.; "Some Reflections on Diseases which Occur but Once in the Same Individual," by J. C. Burgher, M.D.; "Chorea," by the Philadelphia County Medical Society; "Diphtheritic Croup," by J. S. Boyd, M.D.; "Cases of Peritonitis from Obscure Causes," by A. R. Thomas, M.D.; "A Case of Intermittent Fever," by J. C. Morgan, M.D.; "Rheumatic Meningitis," by C. F. Bingham, M.D.

Dr. Dinamore reported three cases of diphtheritic croup, one of which recovered under *kali bichr* and fumigations, the second underwent tracheotomy, but died. The third case was also fatal.

Dr. Graham had recently had one case of diphtheritic and one case of membranous croup. In the first mentioned case when the trachea was invaded *kali bichr*. 2x was given and recovery followed. The other case was almost in *articulo mortis* when first seen. Tracheotomy was performed and the child got well. *Chloroform* was used during the operation.

Dr. H. J. Evans cited a case in which *bromine* was given by inhalations, with recovery.

Dr. Buck mentioned a case on which he had operated using the "low" operation with recovery. Another case on which he operated died before the operation was completed. He had also had four cases of tracheotomy in diphtheritic croup of which all died, the cause of death being suffocation. *Chloroform* was administered in all the cases and appeared to act remarkably well.

Dr. Dudley had one case of membranous croup on which tracheotomy was performed without avail.

THIRD DAY—MORNING SESSION.

The Bureau of Gynecology reported through Dr. B. F. Betts, the chairman of the bureau, the following papers:

"Observations in the Woman's Hospital of New York," by John C. Morgan, M.D.; "Mammary Carcinoma," by J. C. Burgher, M.D.; "An Interesting Case of Aphonia," by J. H. Marsden; "Clinical Observations in Gynecology," by B. F. Betts, M.D.; "Gynecological Appliances," by J. C. Morgan, M.D.

The Bureau of Pathology and Pathological Anatomy offered the following essays:

"Meningeal Myelitis," by W. K. Ingersoll, M.D.; "Fibro-rabdo Myoma of the Kidney," by C. M. Thomas, M.D.; "Cystic Sarcoma of the Cerebellum," by C. E. Toothaker, M.D.; "Duodenal Disease," by C. R. Norton, M.D.; "Minute Changes in Subacute and Chronic Parenchymatous Nephritis," with micro-photographic illustrations, by W. C. Goodno;

Officers for the ensuing year:

President—Pemberton Dudley, M.D.
First Vice-President—Hugh Pitcairn, M.D.
Second Vice-President—C. F. Bingham, M.D.
Recording Secretary—T. M. Strong, M.D.
Corresponding Secretary—R. E. Caruthers, M.D.
Treasurer—J. F. Cooper, M.D.
Necrologist—W. R. Childs, M.D.
Censors—E. C. Parsons, M.D.; D. M. Graham, M.D.
Maria N. Johnston, M.D.

Chairmen of Bureaus for 1888.

Organization, Registration and Statistics, R. E. Caruthers, M.D.

Ophthalmology and Otology, W. H. Bigler, M.D.

Obstetrics, Maria N. Johnston, M.D.

Sanitary Science, J. F. Cooper, M.D.

Surgery, L. H. Willard, M.D.

Pædology, M. M. Walker, M.D.

Materia Medica, Hugh Pitcairn, M.D.

Gynecology, J. B. McClelland, M.D.

Pathology and Pathological Anatomy, A. R. Thomas, M.D.

Clinical Medicine, W. J. Martin, M.D.

Philadelphia was selected as the next place of meeting.

THE HOMŒOPATHIC MEDICAL SOCIETY OF ALLEGHENY CO., PA.

DISCUSSION ON CLINICAL CASES—JULY MEETING.

DR. Z. T. MILLER: I have had a number of cases of dysentery or dysenteric diarrhoea. The chief remedies which I have used have been *merc. cor.* and *cin.*, *aloes* and *bell.* Inflammatory rheumatism and typhoid fever have also prevailed, the latter not in excess. As an interesting clinical experience I would refer to the case of a baby about one year old, whom I was called to see a few days ago. When I reached the house I found the child as bright as usual, but learned that the child had suddenly fainted or fallen into an unconscious state; with this was cold sweatings. A woman who was present said she really thought the child was dying. It did not breathe and the pulse could not be detected. The bowels had not been troublesome and it had not eaten anything amiss. It seemed to be somewhat in the condition of a child who has taken an overdose of *ipæac.*, too sick to vomit or do anything else. They placed the child in a mustard bath and it soon rallied. I am not able to give a diagnosis of the case.

A lady complained of a sensation of cramps or drawing in the palm of the hand, with a feeling as if the bones and tissues of the hand was drawn to a centre. She could not let it hang down because of a sensation as if the blood ran into the fingers and remained there distending the parts. There were also pains in the elbow, forearm and fingers. No objective symptoms. *Phos. ac.* was given and it relieved the distress.

In another case, a lady about six months pregnant, there was very nearly the same array of symptoms, but the hand was pale and emaciated and the palm had a mottled red appearance. The thumb was especially affected and was very sensitive to the touch. There was great sensitiveness to cold air—had to keep the hand well wrapped up. She had no use of the hand. In this case I gave *silicea 6th trit.*, one dose a day, and *phos. ac.* through the day.

DR. J. B. McCLELLAND referred to a case of hydrothorax of the left side which had resisted all internal treatment for several weeks, and that he had refrained from tapping the chest, in deference to the teachings in the clinical wards at Vienna, where it was thought to be bad practice. He also spoke of a case of double hydrothorax which had been presented to the class by Prof. Schrötter. The man was suffering intensely and yet nothing but *placebos* was given. On the third day afterwards the bulging of the chest walls was reduced one-half and in a week he was well.

In regard to infantile diarrheas I would like to know if there is any remedy especially indicated for the cases occurring this summer; I must confess my want of success. In one case where *pod.* seemed indicated but did not help, I gave *bell.*, although not especially indicated except from the hot head pointing possibly to some cerebral irritation, and the relief was prompt. In the case of hydrothorax, I have used *apis*, but not *helleb.* The child picks at its nose and lips, is emaciated, has no appetite but some thirst, is peevish and cries almost continually, and there is some diarrhoea. I do not think *helleb.* is indicated.

DR. W. J. MARTIN: I think effusion into serous cavities, other symptoms failing to indicate a more specific remedy, is an indication for *helleb.* In regard to infantile diarrhoea I am better satisfied with the results of treatment than the last speaker seems to be. *Bell.* has been a frequent remedy, and where I find nervous or cerebral symptoms with teething, in connection with diarrhoea, I give it with confidence, without strict regard to the character of the stool, although in the majority of these cases they will be greenish in color. If, however, the passages point to a catarrhal condition of the lower bowel, manifested by slimy stools and at times blood with straining, *merc. sol.* will cure almost invariably. In all these cases I do not change my remedy unless the child is decidedly worse. I do not expect these cases to show a marked improvement within a few hours. *Pod.* has not done well with the morning diarrheas, although indicated according to my judgment, and in such cases where failure to relieve has followed the prescription, I have been successful with *sulph.*, sometimes *calc. c.* has proven efficient, and in two cases *calc. phos.*, 30th trit., helped. The latter were a pair of twins, where the symptoms were assuming a hydrocephaloid character, with cold extremities, ferocious appetite, wanted to nurse all the time, no vomiting, stools frequent. I have given this remedy in the third trituration where I thought I aggravated the condition. In a case with symptoms of effusion on to the brain with a general loss of the special senses and a stupid condition, *helleb.* gave relief. In another case with almost similar symptoms death occurred.

I would like to ask Dr. McClelland if the authorities at Vienna oppose the tapping of the abdomen for serous effusions. I aspirated a few days ago in a case of abdominal dropsy with enlarged liver and gave relief—it will probably be only for the time being.

DR. McCLELLAND: They object only to the tapping of the chest.

DR. CHAPMAN: I have noticed in the cases of pneumonia, rheumatism and diarrhoea of the present season, that *bell.* was frequently indicated. I had several cases of diarrhoea where this remedy, although not closely indicated, gave relief. A child, ten months old, stout, hearty build, was taken with sickness at the stomach; several children in the neighborhood were at this time under treatment for bowel troubles. A messenger came for medicine and I sent *bell.* He seemed better towards evening, but in the night became worse and towards morning the skin began to have a bluish look. His parents gave him *cer. alb.* every half hour. I saw him at 10 A. M. and thought him dying. I gave a dose of *camph.* and repeated it in a few minutes. This produced reaction and the child began to toss around his

bed, more from nervousness apparently than for any other reason. The head or bowels were not unusually warm, and the general condition did not seem to warrant the anxiety of the parents. I left *arsen.* and heard in the evening that the child seemed to be doing all right. This condition continued until three A. M. when he began to breathe a little harder than normal; this continued until five A. M., when with a few quick gasps he died. He was conscious to the last and played on the bed, with his sister, an hour before his death. I do not know the cause of the death from so slight an array of symptoms.

DR. DEAN: *Sulph.*³⁰ has helped more of my cases of morning diarrhoea in children than any other remedy. *Bell.*³⁰ and *calc. c.*³⁰ have also proven efficient in appropriate cases. About two out of every five cases for the last month have been characterized by a marked state of stupor. This stupor would come on without the premonitory symptoms being very severe. In these cases I have been giving *opium*³, and sticking to it. I had one child upon this remedy for six days, without a single change in the conditions. The case suddenly took a favorable turn, and by the second day my services were no longer needed.

DR. SKIFF: A married woman, 39 years of age, was attacked with cerebro-spinal meningitis. The first symptoms she noticed was when going into the house she could not see the steps aright, she thought she saw two steps where there was only one. With this she had pains down the spine, followed by spasms. On the next day there was violent opisthotonus. I gave *gels.* for two days; but as the spasmodic condition still continued, or was possibly more violent, I then gave *bell.*¹⁰, using at the same time hot fomentations to the spine. In the evening I sent the third dilution, and she had no spasm for 36 hours after the second dose. Then she had a spasm and another one three days later. The temperature was never over 99° or the pulse over 75 pulsations per minute. After the *bell.*³ the temperature came down to normal and has been so ever since, and the pulse has not been above 70. The spine is extremely sensitive to touch, and she can hardly sit up to take a drink. The appetite is better and the bowels regular. A few days ago the menses appeared and were quite profuse. I have seen a number of cases of this trouble in past years, but never saw one where there was such extreme sensitiveness of the whole body to the touch. When she lies on the back she does not feel it so much, but the slightest touch makes her scream. I have given a favorable prognosis. While she was in a spasm she could speak intelligently, but afterward did not recollect that she had had an attack. She is now taking *rhua*.

DR. J. H. McCLELLAND: I have had a number of cases of whooping cough. A good many of them report croupy symptoms with hoarseness, and violent cough at night. For these conditions I have given *droa*. Where there are vomiting and coughing until the child becomes blue in the face, *ipæac.* is serviceable. Where there are spasmodic attacks of coughing, febrile symptoms marked, and sore throat, I give *bell.* I have also had more than the usual number of cases of rheumatism for this time of the year. When the inflammatory symptoms are severe, the fever high, and the pains change frequently, *cer. vir.* has been called for.

DR. RANKIN spoke of the good effects of *piz. can.* for paralytic enuresis in the case of an elderly lady.

(T. M. S.)

PRE-CANCEROUS STAGE OF CANCER.—Mr. Jonathan Hutchinson (*Brit. Med. Journal*, Jan. 7) enforces the doctrine of the local origin of most forms of external or surgical cancer, and the paramount importance of early operation. A general acceptance of the belief that cancer has a pre-cancerous stage and that this stage is the one in which operations ought to be performed would save many hundreds of lives every year.

TRANSLATIONS, GLEANINGS, ETC.

REDUCING FRACTURES WITHOUT PAIN AND WITHOUT ANÆSTHETICS.—Dr. A. S. Hudson, of Stockton, Cal., writes as follows to the *Med. and Surg. Reporter*:

Many years ago, R. W., a boy of fourteen years of age, fell and experienced a fractured arm. It proved a Colles fracture. Splints were applied and held in place by ties of strong tape. In four weeks, to all appearance, the limb was restored to symmetry and health. The dressings were removed and the arm and hand were slowly brought into every day use.

A week later my attention was called to it. To my mortification, there stared at me all the original deformity seen at the moment of the accident. What had happened? Nothing! The lad used it as he found occasion, and with no particular occupation. Gradually, the bony displacement had returned, in mockery of chirological therapeutics. The injury was now five weeks old. What was to be done?

We have all heard of broken limbs in malposition being purposely broken over again. Such a course seemed irrational, indefensible, and therefore unsurgical.

The splints were re-applied. This time, to the outside board from a cigar box was nailed an infra piece at right angles with the side piece; this basic splint was as wide as the thickness of the arm, to sustain the weight of the forearm and hand, and afford barely sufficient border to support the lower edge of the inside splint. The whole was tied firmly with two tapes, and supported in a sling. It was dressed and tightened up every one or two days.

The weight of the hand and the gradual painless pressure of the splints slowly corrected the ugly abnormal features, and in two weeks it was a satisfaction to witness all deformity had gone, and the member restored to natural shape. The mistake was in removing the splints prematurely.

Aside from recovering lost ground without harm, this case furnished important instruction, and outlined a new and better rule of practice. It taught how to dress fractures without inflicting pain, and without the use of anæsthetics. It taught how to dispense with what the writer now regards as the absurd proceeding of *pulling the injured part*, to "set the bones." That old first step is agonizing and needless. If splint pressure and position of limb will painlessly reduce fracture and deformity after five weeks' existence, why not employ them for that object in the outset, and avoid the flourish of setting garnished with screams? The simplest and easiest is the best. Therefore, for more than a decade, every case of fractured arm in my hands has been dressed in the manner above described, without pulling, without pain, without chloroform or ether, and without resulting deformity. With daily dressing, in a few days or a week apposition of the fragments is gradually and insensibly effected. As the swelling subsides the natural contour of the member is brought about, all in ample time. As a general rule, bandages to fractured limbs should be condemned and avoided.

FERRUM PHOS. IN DYSPEPSIA.—(Dr. Mossa in *Allg. Hom. Zeit.*) A woman, 29 years of age, sanguine temperament, had suffered for five years from the following conditions, which had appeared after taking a drink of cold water when she was overheated: Changeable appetite with especial aversion to milk; *nausea after eating with vomiting of food*; the vomited matter is so *sour that the teeth feel on edge*. Acids, herrings, meat, coffee and pastry aggravate. The vomiting often occurs in the morning *while fasting*, at other times after eating. To this was added a cephalalgia with a *hammering sensation in the forehead and temple*; at first the left temple was affected, but at present the pain is more on the

right side, the pain being very severe. *Profuse menstrual flow every three weeks*, with pressure in the womb and loins. Normal stool; *restless sleep with anxious dreams* and a *tired sensation in the morning*. In the evening there was a sensation of constriction, so that she must loosen her clothing; cannot wear it tight at any time. Pulse quickened to 100 beats. As a child she always enjoyed good health and had no chlorotic symptoms. The emaciation, notwithstanding the long continued suffering, was not marked. Such was the history given to me on Jan. 18, of this year. The italicized symptoms directed my attention to iron, and I ordered a powder of *ferrum phos.*, 6 trit., to be taken three times a day before eating. This was continued for two weeks. On Feb. 2d, she reported that she was entirely free from suffering. As a matter of precaution she was still given at longer intervals a dose of the medicine.

Dr. Schüssler would credit this result to his tissue-therapy, although on account of the nature of the empty eructations his *natrum phos.*, would have to be carefully studied. However this may be, my choice of the iron was determined by the resemblance between this remedy and the pathological picture here described. (T. M. S.)

CARDIAC THERAPEUTICS is the title of an article by E. Wood Foster, M.R.C.S., in the *Brit. Med. Journal*, April 15th. Two cases are related in which several of the remedies most frequently employed by homœopaths in the treatment of heart disease were administered. Tincture of *spigelia* is thus spoken of: "This is a powerful remedy in suitable cases; to this I can testify. It was given because of its special action on the heart. Why did it fail?" [Given in five drop doses thrice daily.] "Therapeutically, it was a wrong remedy. The small dose kept up the force and frequency of the heart's action. If I had given large doses I might have considerably lowered the pulse; but then, *spigelia* at the same time physiologically produces palpitation, with strong beating." This case was promptly cured with *aconite*, "one minim of Fleming's tincture in half an ounce of simple water thrice a day."

Mr. Foster concludes with the following suggestions, which we quote to show how well his mental organs have assimilated the homœopathic nourishment so skillfully purveyed for him and his brethren by Ringer, Phillips & Co.:

"The advantage of the single medicine is its simplicity and its accuracy in operating only upon the diseased organ in proper therapeutic dose, which must be far removed from the physiological one."

"If a medicine have a special action upon a special organ or part in health, so it would seem very desirable and judicious to administer that particular remedy in disease of that same part which appropriates the remedy in health. But we must bear in mind the clinical fact, that the tissues in disease are much more sensitive and responsive to the action of a drug, so that the doses, to be then therapeutic, must be small."

INJECTIONS OF BROMIDE OF POTASSIUM IN GONORRHOEA.—In eighteen patients under observation there was noted in fifteen a rapid diminution or complete suppression of the erections. The injections are not very painful. They are used five times a day, the last injection being practiced just before retiring. They should be retained in the canal one or two minutes.

The following is the formula: *water*, 150 grammes; *glycerine*, 10 grammes; *bromide of potassium*, 6 grammes; *laudanum*, 2 grammes.—*Journal de Thérapeutique*, Oct., 1881.

Koch has found the bacillus tuberculosis in the expectoration of persons suffering from pulmonary phthisis in great abundance. Injected into the circulation of an animal this expectoration quickly produced tubercular disease, whilst non-phthisical sputa contained no bacilli and did not injure the inoculated animals.

CUNDURANGO.—When I proved *Cundurango*, says Dr. J. C. Burnett, I had a good many cutaneous manifestations, notably indolent pustules. This effect of *Cundurango* is now confirmed and extended by the observations of Dr. J. E. Guntz. This physician found that about two per cent. of those to whom he exhibited *Cundurango* had an acne-like cutaneous eruption. *Vierteljahrsschrift für Dermatologie*, 1880. He also observed that of one thousand patients who were taking a strong decoction of *Cundurango* for syphilis twenty of them got furuncles from its use. Thus *Cundurango* must be added to our list of drugs capable of producing furunculosis. Colleagues would do well to add this little pathogenetic fact to their *Materia Medica Pura*. A characteristic indication (repeatedly verified) for *Cundurango* is "cracks in the corner of the mouth," and it has done good service in the most severe forms of dyspepsia with that symptom. However, it is to be noted that *Cundurango* is no good when said commissural cracks are due to patients wearing a set of teeth too large for their mouth (!), which is a by no means uncommon occurrence.

HYPODERMIC INJECTION OF COLD WATER.—Dr. Raymond Tripiet employs subcutaneous injections of *aqua fontis* to prevent vomiting of food in phthisical patients. For this purpose, he writes in the *Lyon Médical*, he injects into the epigastrium a syringeful of very cold water—either before or immediately after the meal. Under the influence of these injections he has often witnessed the cessation of vomiting which had persisted in spite of appropriate remedies. It appears similarly to stop vomiting in some dyspeptics, and especially in so-called nervous women who dread the use of *morphia*. It is in these latter patients especially that it is convenient not to let them know the nature of the fluid injected.—*Medical Press and Circular*.

RESECTION OF THE STOMACH.—After eating some fish a young man in Geneva, Switzerland, was attacked with acute pains in the stomach. As they did not yield to the usual remedies, the attending physician, Dr. Wagner, inspired by the example of Billroth, promptly opened the abdominal walls, slit up the stomach, and removed some fish bones which were attached to its sides; at last accounts the young man was progressing favorably. This incident (remarks *Gaillard's Medical Journal*) gravely given in the *Allg. Méd. Cent. Z. it.*, June 4th, if true, is an astounding example of reckless surgery, but perhaps it is intended for what Artemus Ward calls "a goak."

COCKLE-BURR IN RETENTION OF URINE.—Dr. H. C. Barnard states in the *Therapeutic Gazette* that a case of retention of urine in a little boy, whom he was treating for typhoid fever, was promptly relieved, before a suitable catheter could be procured, by means of an infusion of the common cockle-burr (*zanthium strumarium*), prepared and administered by the patient's grandmother. In all his cases of the same character since, Dr. B. has given cockle-burr tea, and always with such success that he has never had to use an instrument for their relief. He uses 15 or 20 fresh ripe burrs to a teacup of hot water; a tablespoonful every half hour. A fluid extract of the drug is prepared.

DURATION OF THE LIFE OF A CHILD AFTER THE DEATH OF THE MOTHER.—Gareski has made experiments on different animals on this subject, and has come to the following conclusion:

There is no doubt that in the sudden death of the mother the child lives during the first six minutes, and can be resuscitated in ten minutes after the death of the mother, and even twenty-five minutes. The death of the mother by rapid asphyxia is more favorable to the resuscitation of the child than death from other causes.—*La France Médicale*.

DIPHTHERIA.—Dr. Franklin Staples, of Winona, Minn., after extended correspondence with physicians in most of the counties of his State, has published a report on diphtheria, in which he classes the disease as contagious and infectious, and demonstrates that it is on the increase, a fact due in his opinion to failure on the part of physicians in recognizing its self-propagating properties; to want of systematic nursing of patients suffering from the disease; to incomplete disinfection of premises attacked; and last, but not least, too frequent intercourse of convalescents with healthy persons. He maintains that strict regulations rigidly enforced are the only means adequate to cut short its career, and since individual power is unable to cope with it, urges that every town and city should devise efficient sanitary laws, and let them be enforced by intelligent medical officers, who shall also make it their duty to instruct the people in sanitary rules. To guard against contamination, he believes that filth, from whatever source derived, should be regarded as a condition which invites the disease; that the apartments of the patient should be divested of all furniture, carpets and curtains not absolutely required; that discharges from the nose, mouth and bowels should be carefully collected and destroyed; and that all personal clothing, bed-linen, etc., should be thoroughly disinfected, before being sent to the general wash. In case of death, all clothing and unimportant articles should be burned, the body should be immediately disinfected and put into its coffin, which should be kept permanently closed. There should be no public funeral. He prefers disinfection by chlorine gas, which is to be set free in the room. Ventilation for a number of hours should then be insisted upon. Precautions falling short of these Dr. Staples considers to be useless in preventing the spread of the infection.—*Report on Diphtheria to Minn. Board of Health*, 1881.

EUCALYPTOL AS A DRESSING.—A writer in the *Brit. Med. Jour.* gives the pharmacy of this agent as follows: The substance is only the lighter and more volatile portion of the oil of *Eucalyptus*, which distills over at a temperature below 175° C. (347° F.); a second substance passes over at a temperature of 188° to 190° C. (360° to 374° Fahr.); while a third remains in the retort. On account of the slight solubility in water and its great volatility, Mr. Lister recommends that the *Eucalyptol* should be mixed with damar gum; but it is probable that *Eucalyptus* gum—or rather resin—from which the tree derives its popular name in Australia, will be found more suitable. The French have long been employing a combination of the kind under the name of the *Alcoolature d'Eucalyptus*, a common tincture of the fresh leaves, containing a large amount of the essential oil and resin, some tannin, and probably a little *Chlorophyll*, as it is of a dark olive color.

PLUGGING THE POSTERIOR NARES IN EPISTAXIS.—Dr. Hartmann, in the *Annales des Maladies du Larynx*, etc., July, 1881, warns the profession against the dangers of plugging the posterior nares, especially if *perchloride of iron* be made use of at the same time. The pressure of the tampon is not only very disagreeable to the patient, but is apt to cause great irritation of the mucous membrane. If *perchloride of iron* be used fresh, hæmorrhage frequently occurs when the plug is removed, from the tearing of the mucous membrane to which it has adhered. Dr. Hartmann has seen three cases in which plugging of the posterior nares has been followed by inflammation of the middle ear.

AMYL-NITRITE IN TETANUS.—A case of severe traumatic tetanus is reported by Dr. G. W. H. Ross, in *Michigan Medical News*, as having been promptly cured, after the ineffectual administration of *calabar bean*, by *amyl-nitrite* in doses of eight drops sprinkled on a napkin, from which the patient was required to inhale the fumes.

HEMORRHAGE, DUE TO QUININE.

Dr. Kuriassides gives two instructive cases occurring in his own practice in which the use of *quinine* was followed by hemorrhage, in the one case the blood coming from the kidneys, in the other from the nose. Several analogous cases have been described by others, including instances where the drug produced a hemorrhagic eruption upon the skin. *Quinine*, according to the author, tends to produce a hyperemia in all the organs of the body, and if in any organ the capillaries have been rendered brittle by any cause, in this organ vascular rupture and hemorrhage may take place. Although hemorrhage from the use of *quinine* is most common in debilitated malarial subjects, it may occur in those who have been previously healthy. In the face of well established facts like these, the body of the Nation's Chief is saturated for weeks and months with enormous doses of *quinine*, *morphine*, and *alcohol*, with the marked approval of a school so intensely scientific and regular, and so fearful of contamination, that it uses its utmost effort to keep intact the walls of sect within which it is entrenched. No wonder that it dreads free thought and that spirit of inquiry which demands facts and close logical reasoning, instead of theories based often upon the phantoms of the imagination. *Quinine*, with all its power for good when rightly handled, becomes an agent of such terrible evil in unskillful hands that its ravages are seen, not unfrequently, in fearful wrecks of nervous and physical organizations.

EMOTIONAL PRODIGALITY.—Dr. C. Fayette Taylor, in a *brochure* with the above title, clearly shows that this much talked of disease, *neurasthenia* or *American nervousness*, depends almost entirely upon emotional excesses rather than purely intellectual activity; that the latter function, in fact, rather increased the bodily health and vigor. "It is not the *thinking* which breaks people down, but it is an excess—often an unnecessary excess—of other mental activities which works the bodily injury; and by other mental activities I would especially include the *emotions* as the most exhausting of all mental attributes." In the rearing and education of children this emotional prodigality is most apt to be encouraged and to show its evil influences, especially with young girls whose highly emotional natures are most easily excited, and whose bodies are passing through that "vulnerable period" between girlhood and fully established womanhood, the very time they are under the greatest strain. Remedial measures are to be found, not in drugs, but a better physical life in which the bodily growth and development are not stunted by emotional excesses but encouraged by a strict observance of hygienic laws.

CROUP.—*Jodium* is the specific remedy for croup (*Trinks Vierteljahrsschrift*) and it ought to be given immediately without noticing the fever, which will disappear as soon as the croup is overpowered by the *jodium*. I have little confidence in *acon.* or *hepar.* and *mercur.* failed totally in my hands. Where paralysis pulmonum threatens with great respiratory anguish and long-continued spells of suffocation, I did not observe any favorable influence from *mercur.*, *ant. tart.*, nor from *phosph.*, but *lach. fth.* repeatedly given, acted satisfactorily, and *jodium* then completed the cure.

LUTON'S EXHILARANT MIXTURE.—Dr. Luton, of Reims, has found that the following mixture produces a highly exhilarating effect, somewhat similar to that of nitrous oxide, especially in excitable temperaments:

B Tincture of ergot..... 5 grams,
Sol. phosphate of soda (1-10).... 15 grams.

Take in a quarter of a glass of sugared water.

This produces "a lively gaiety and uncontrollable hilarity."—*Med. and Surg. Rep.*

EXTRACTION OF TEETH IN PREGNANT WOMEN.—At a recent meeting of the St. Louis Medical Society (*St. Louis Med. and Surg. Jour.*) this subject was under discussion. Dr. Hughes said: "I do not know, in view of the varying physiological conditions in which we find women in the pregnant state, that we could arrive at any definite rule applicable to all cases. It is simply a question of individual temperaments, of conditions of the patient, and of the existence or non-existence of centric or peripheral irritation."

Dr. Jonaston related how he had once produced an abortion in a lady who had been six or eight weeks married, by opening an abscess which had formed at the root of a carious tooth. This had made him very cautious in such cases. But, if there be reason to fear that reflex irritation arising from constant toothache may induce uterine contraction, he would recommend that the tooth be pulled.

Dr. Hunt closed the discussion by saying he would have no hesitation in advising the extraction of a tooth from a pregnant woman, if it was absolutely necessary, to relieve her from a pain that was wearing her out. In doing this we shall be perfectly safe in administering *chloroform* or *ether* in order to obviate the shock—experience having shown that pregnant women are very tolerant of these agents.

LAPPA MAJOR.—Dr. S. A. Jones is proving the *Lappa major*. He says (*Hahn. Mthly.*, May): "I have made some remarkable cures of prolapsus uteri with it, no mechanical aids being used. The greater the relaxation of the tissues, the more atonic the condition, the better is *lappa* suggested. If the uterus feels *sore*—an exquisite *soreness*—not acute pain, or if either ovary, but notably the right, is *sore*; if the urine is somewhat abundant and *alkaline* (it must be *neutral* or *alkaline* in *lappa* conditions), and if it contains *amorphous* phosphates, then *lappa* is as well indicated as it can be without provings."

AN AUSTRALIAN REMEDY FOR ASTHMA.—A correspondent of a Sydney paper writes that an ounce of the leaves of a species of *Euphorbia*, indigenous to Queensland, and known scientifically as *E. pilulifera*, placed in two quarts of water and allowed to simmer until the quantity is reduced one half, will afford a medicine which, taken a wine-glassful at a time, twice or thrice a day, will relieve the most obstinate cases of asthma, as well as coughs and ordinary chest affections. The leaves may be easily gathered and dried, and kept for a considerable length of time.

PROPHYLAXIS OF HYDROPHOBIA.—Gallier claims to have ascertained, by experiment, that the *intravenous* injection of the saliva of a mad dog, a day or two after the bite, or after the *subcutaneous* injection of the same poison, will prevent the outbreak of hydrophobia. "L. C." in *Allg. Hom. Ztg. ex Lo Sperimentale*, No. 9, 1881.

INOCULATION AGAINST TYPHOID FEVER.—Dr. T. H. Buckler, of Paris, proposes the intestinal inoculation of individuals, especially children, with the *wateries morbi* of typhoid fever, which will prevent all further liability to the disease. He proposes a similar measure as a prophylactic and remedy for incipient consumption.

PARSLEY AS AN ANTIGALACTIC.—Dr. Martin (*Bull. gen. de Thérap.*) states that if the breasts of a nursing woman be covered with parsley leaves freshly pulled, the application being renewed several times a day, as quickly as the leaves fade, the milk will soon cease to appear.

OTORRHOEA.—*Salicylate chinatin* is an energetic bacteria poison, disinfectant, non-irritant and detergent. In otorrhea when applied locally the mucous membrane is blanched quickly and ceases to discharge pus for twenty-four hours.

"CARE OF THE INSANE."

The following item from the daily press indicates the impression which is gaining ground respecting the insane, and which we elaborated at some length in our last.

"'Silly Billy,' as William McLaughlin, who recently shot Daniel Gaffney, was called, has been considered harmless, although eighteen years ago he was confined in a mad-house. Seemingly his assault upon Gaffney was entirely without provocation, and it is probable that the frenzy of his former madness has taken possession of him. His case ought to cause a halt for reflection on the part of the persons who so freely denounce the authorities of insane asylums on the strength of the representations made by inmates of those institutions who have been released. Who knows that the sensational stories set afloat are not the product of diseased minds, and that their authors may not yet prove themselves as dangerous lunatics as 'Silly Billy'? Insanity is often so delusive that none but the expert can detect it, and there it quite as much occasion for clamors against allowing dangerous lunatics to go at large as against immuring sane people in insane asylums. Undoubtedly sane persons have been thrust into such institutions, especially into those of the class known as private asylums, but there ought to be great caution in making charges against public institutions administered by reputable men under the supervision of eminent citizens. Let not the public be deceived by scandals set afloat by a lunatic's tongue."

WE beg to call the attention of our readers to the very interesting and instructive articles—the second of which appears in this number—by Prof. J. Edwards Smith, upon the subject of *Lycopodium*. These articles contain the result of a vast amount of original research, and great credit is due Prof. Smith for his patient toil. His experiments show us the necessity of basing pharmaceutical precision upon more careful examination, microscopical, chemical, etc., and his experiments should lead our pharmacutists to adopt those methods which are necessary to the production of reliable medicinal preparations. We hope these investigations may be continued.

THE councillors have thwarted the wishes of a majority of the members present at the last meeting of the Massachusetts Medical Society, by indefinitely postponing the subject of the eligibility of women to membership. It must be a curious organization which has not the power to decide by vote any question which may arise! Is not such action a violation of republican principles? It appears that this society is not governed by popular sovereignty!

OUR clinical department contains the details of an operation of resection of the stomach, by our brilliant young surgeon, Dr. F. W. Kœhler, of Louisville, Ky. To Dr. Kœhler belongs the credit of being the first to perform this operation in our country, and it is the ninth record of its having been performed anywhere. The report will be read with great interest by every member of "Our School," and we have reason to feel proud of the achievement.

THE REMOVAL OF SCARS AND CICATRICES, or their prevention, may, in many cases, be accomplished by some mild antiseptic (*Southern Practitioner*). The following is a convenient formula, whose efficacy has been fully tested: *borax*, half ounce; *salicylic acid*, 12 grs.; *glycerine*, 3 drachms; *rose water*, 6 oz. Make a lotion.

The *Medical Advance* has been removed from Cincinnati to Ann Arbor and placed under the business management of Prof. H. C. Allen, Dr. T. P. Wilson continuing as editor.

REPROVING OF DRUGS.

The Central Ohio Medical Society proposes to make a reproving of some of the partially tested remedies, and to this end invites the coöperation of the general profession. A prize will be offered for competition and suitably awarded.

Those desiring full particulars should address Dr. John C. King, Secretary, etc., Circleville, Ohio, for a prospectus. We trust that many may be induced to take hold of this most desirable undertaking.

THE CORONER.—Medical examinations have been substituted for coroners' inquests in Massachusetts, with most satisfactory results, and the next Legislature of our State should provide for the same change in New York. The medical examiners ascertain the cause of death when possible, and the facts and suspicions, when crime is indicated, are reported to a magistrate, who thereupon directs officers of the law to seize the murderer. The system is more efficient and more economical than that of coroners, and the demonstration of that fact in the experience of Massachusetts makes it evident that coroners should be abolished in New York.

COINCIDENCE OF ANAL FISTULA AND PHTHISIS.—A member of the Massachusetts Medical Society recently read a paper before that body, claiming "the coincidence of anal fistula and phthisis." The time was, when such a proposition would have been laughed to scorn by the majority of the members of this "Rip Van Winkle" Society, its author would have been denominated a fool, and turned over to some irregular organization. So the pendulum does swing, even in this ancient commonwealth.

It ought to be only necessary for the friends of the N. Y. Medical College and Hospital for Women, to know that the institution is in need, to have the funds required forthcoming. This institution has done and is doing a vast amount of good, and there should be no lack of money with which to carry on this important work of thoroughly educating women for the profession. Contributions may be sent to the Dean, Mrs. C. S. Lozier.

THE 32d Annual Meeting of the Vermont Homœopathic Medical Society will be held at the *Pavilion Hotel*, Montpelier, Vt., Oct. 18th and 19th, inclusive. Interesting papers are expected. CHAS. A. GALE, Rutland, Vt. Secretary.

THE thirty-first annual meeting of the Medical Society of Northern New York, will be held at the City Hall, Troy, on Tuesday, October 17th. Morning session, from 10 A.M. to 1.30 P.M.; afternoon session, from 2.30 to 4.30 P.M.

THYMOL is the latest corrective of the smell of *iodoform*. Its addition in the proportion of *iodoform*, gr. xxx to *thymol*, gr. $\frac{1}{2}$ is said to be sufficient.—*Mich. Med. News*.

Six drops of *nitro benzol* to each grain of *iodoform*, is said to effectually cover the odor of the latter.

DR. A. P. WILLIAMSON, Chief of Staff, reports 706 patients treated at the Homœopathic Hospital, W. I., during August, with a death rate of 2.69 per cent.

DR. WELLS insists that if every inattentive child has its ears examined the majority will be found partially deaf. Taken in the early stage cure is not unfrequent.

AN accident in our "make-up" on page 197, last issue, should be corrected by erasing from the 53d line, first column, to the 70th line on second column.